

AUTO CR - LOG SUMMARY #1050684

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	NO AFFIDAVIT	FINNELL, ANTHONY	06-AUG-2013

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Reporting Party Third Party						M			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-NOV-2009 10:14 - 17-NOV-2009 10:14		423	004	304 - STREET	

Accused Members

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	ONEILL, KEVIN	8954		004 / 212	POLICE OFFICER	ON Duty	The reporting party alleges that the accused tackled the victim () to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	KINNEY, PATRICK	2044		004 / 212	SERGEANT OF POLICE	ON Duty	The reporting party alleges that the accused tackled the victim () to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	MC CLELLAND III, WILLIAM	1420		006 /	SERGEANT OF POLICE	ON Duty	The reporting party alleges that the accused tackled the victim () to the ground and then struck the victim on the mouth and face an unknown object.

Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Victim/Subject						M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party		ONEILL, KEVIN	NO RELATIONSHIP
Reporting Party Third Party		MC CLELLAND III, WILLIAM	NO RELATIONSHIP
Reporting Party Third Party		KINNEY, PATRICK	NO RELATIONSHIP
Reporting Party Third Party			LAWYER

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:	11C 8186	Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	PO FABIAN STAR# 17699		

Incident Category List

Incident Category	Primary?	Initial?
05R - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS CIVIL SUITS - THIRD PARTY	Y	Y
05Z - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS MISCELLANEOUS		N

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
MESSENGER, VERONICA	Primary	GENERAL FIELD 4	21-DEC-2011	12-AUG-2013	01-AUG-2013	589
FINNELL, ANTHONY	Supervisor	GENERAL FIELD 4	03-JUN-2013	01-SEP-2013	01-AUG-2013	
OLVERA, MARIA	Supervisor	GENERAL FIELD 3	10-OCT-2012	08-JAN-2013	03-JUN-2013	
FAKUADE, JOSEPH	Supervisor	GENERAL FIELD 4	20-DEC-2011	19-MAR-2012	10-OCT-2012	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
MESSENGER, VERONICA	13-JUL-2013	12-AUG-2013		OTHER (DESCRIBE)	Pending SAO decision	24-JUL-2013	FINNELL, ANTHONY	24-JUL-2013	awf
MESSENGER, VERONICA	13-JUN-2013	13-JUL-2013		OTHER (DESCRIBE)	Pending SAO decision	24-JUL-2013	FINNELL, ANTHONY	24-JUL-2013	awf
MESSENGER, VERONICA	14-MAY-2013	13-JUN-2013		OTHER (DESCRIBE)	Awaiting Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	14-APR-2013	14-MAY-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-MAR-2013	14-APR-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	13-FEB-2013	15-MAR-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	14-JAN-2013	13-FEB-2013		OTHER (DESCRIBE)	Need Medical Record	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-DEC-2012	14-JAN-2013		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	15-NOV-2012	15-DEC-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	16-OCT-2012	15-NOV-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	16-SEP-2012	16-OCT-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	17-AUG-2012	16-SEP-2012		OTHER (DESCRIBE)	Need Cooperation from Atty	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	18-JUL-2012	17-AUG-2012		OTHER (DESCRIBE)	Need ET photos	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	18-JUN-2012	18-JUL-2012		OTHER (DESCRIBE)	Need ET photos	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	19-MAY-2012	18-JUN-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	19-APR-2012	19-MAY-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo
MESSENGER, VERONICA	20-MAR-2012	19-APR-2012		OTHER (DESCRIBE)	Interview Victim	14-MAY-2013	OLVERA, MARIA	14-MAY-2013	meo

Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
KINNEY, PATRICK	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	TAKE DOWN (THROWN TO GROUND)	NO AFFIDAVIT
KINNEY, PATRICK	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
MC CLELLAND III, WILLIAM	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
MC CLELLAND III, WILLIAM	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT
ONEILL, KEVIN	1	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A	TAKE DOWN (THROWN TO GROUND)	NO AFFIDAVIT
ONEILL, KEVIN	2	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A	CLOSED HAND STRIKE (PUNCH)	NO AFFIDAVIT

Situations (Allegation Details)

Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
MC CLELLAND III, WILLIAM	1	DURING ARREST					
KINNEY, PATRICK	1	DURING ARREST					
MC CLELLAND III, WILLIAM	2	DURING ARREST					
KINNEY, PATRICK	2	DURING ARREST					
ONEILL, KEVIN	1	DURING ARREST					
ONEILL, KEVIN	2	DURING ARREST					

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	06-AUG-2013 09:51	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	06-AUG-2013 09:42	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-AUG-2013 10:30	MESSENGER, VERONICA	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	21-DEC-2011 10:38	FAKUADE, JOSEPH	COOR OPERATIONS COPA	113 /	
PENDING ASSIGN INVESTIGATOR	20-DEC-2011 02:18	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-DEC-2011 03:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 01:39	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 01:16	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 10:59	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 10:58	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	INVESTIGATION					MESSENGER, VERONICA	10-JAN-2012 10:44			
1	FACE SHEET					TOPPINS, YOLANDA	14-DEC-2011 10:58			
2	CONFLICT CERTIFICATION					FAKUADE, JOSEPH	21-DEC-2011 10:38			
3	CONFLICT CERTIFICATION					MESSENGER, VERONICA	10-JAN-2012 10:44			
4	DOCUMENTS - INVESTIGATION		3	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:45	APPROVED		
5	DOCUMENTS - INVESTIGATION		8	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:46	APPROVED		
6	DOCUMENTS - INVESTIGATION		2	[REDACTED] 0610-BURGLARY-FORCIBLE ENTRY		BROWN, DANITA	06-JUN-2012 11:47	APPROVED		
7	DOCUMENTS - INVESTIGATION		6	RD# H [REDACTED] CLEARED CLOSED)ARREST AND PROSECUTION); BURGLARY/FORCIBLE ENTRY		BROWN, DANITA	06-JUN-2012 11:49	APPROVED		
8	DOCUMENTS - INVESTIGATION		2	WILLIAM McCLELLAND III #1420	Y	BROWN, DANITA	06-JUN-2012 11:50	APPROVED		
9	DOCUMENTS - INVESTIGATION		2	SGT McCLELLAND III #1420		BROWN, DANITA	06-JUN-2012 11:51	APPROVED		
10	DOCUMENTS - INVESTIGATION		8	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:53	APPROVED		
11	DOCUMENTS - INVESTIGATION		2	[REDACTED]		BROWN, DANITA	06-JUN-2012 11:54	APPROVED		
12	DOCUMENTS - INVESTIGATION		1			BROWN, DANITA	06-JUN-2012 11:55	APPROVED		
13	DOCUMENTS - INVESTIGATION		17	GARAGE AT [REDACTED]	Y	BROWN, DANITA	14-MAY-2013 03:25	APPROVED		
14	DOCUMENTS - INVESTIGATION		8	SGT WILLIAM McCLELLAND		BROWN, DANITA	14-MAY-2013 03:26	APPROVED		
15	DOCUMENTS - INVESTIGATION		6	CIVIL SUIT [REDACTED]		BROWN, DANITA	14-MAY-2013 03:27	APPROVED		
16	DOCUMENTS - INVESTIGATION		1	REQUEST FOR PROTECTED HEALTH INFORMATION- ROSELAND HOSPITAL [REDACTED]		BROWN, DANITA	14-MAY-2013 03:28	APPROVED		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
17	DOCUMENTS - INVESTIGATION		1	ATTORNEY [REDACTED]	Y	BROWN, DANITA	14-MAY-2013 03:29	APPROVED		
18	DOCUMENTS - INVESTIGATION		23	ROSELAND COMMUNITY HOSPITAL (THOMAS ANDERSON)		BROWN, DANITA	20-MAY-2013 10:53	APPROVED		
19	DOCUMENTS - INVESTIGATION		1	[REDACTED]	Y	MESSINGER, VERONICA	01-AUG-2013 10:13	APPROVED		
20	DOCUMENTS - INVESTIGATION		1		Y	MESSINGER, VERONICA	01-AUG-2013 10:14	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	FINNELL, ANTHONY	SUPERVISING INV COPA	113	06-AUG-2013 09:51	<p>Several attempts were made to have the complainant sign the Sworn Complaint Affidavit as required by the Illinois Uniform Peace Officers Disciplinary Act and advising him/her that failure to do so may result in the termination of this investigation. The complainant has failed to sign the Sworn Affidavit.</p> <p>Should the complainant sign the Sworn Affidavit or additional information become available, this investigation can be re-opened. It is recommended at this time the case be closed with a finding of [REDACTED]</p>

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
-------------	------------------------------	-------------	-------------	----------	------	-------------	---------

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
KINNEY, PATRICK	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
KINNEY, PATRICK	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	1. It is alleged that the accused tackled the victim to the gro...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	2. It is alleged that the accused struck the victim about the f...	FINNELL, ANTHONY	06-AUG-2013 09:51			NO AFFIDAVIT	
ONEILL, KEVIN	1. It is alleged that the accused tackled the victim to the gro...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
ONEILL, KEVIN	2. It is alleged that the accused struck the victim about the f...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	1. It is alleged that the accused tackled the victim to the gro...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	2. It is alleged that the accused struck the victim about the f...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
KINNEY, PATRICK	1. It is alleged that the accused tackled the victim to the gro...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	
KINNEY, PATRICK	2. It is alleged that the accused struck the victim about the f...	MESSINGER, VERONICA	01-AUG-2013 10:30			NO AFFIDAVIT	

Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
---------	-------------	--------------------	------	---------	---------	------------------

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
KINNEY, PATRICK	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
KINNEY, PATRICK	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
MC CLELLAND III, WILLIAM	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
ONEILL, KEVIN	It is alleged that the accused tackled the victim to the ground.	05A OPS SUBCODE 05A		NO AFFIDAVIT	
ONEILL, KEVIN	It is alleged that the accused struck the victim about the face and mouth with an unknown object.	05A OPS SUBCODE 05A		NO AFFIDAVIT	

FACE SHEET (Notification Date: 14-DEC-2011) - LOG #1050684

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD	Reporting Party Third Party						M			

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
17-NOV-2009 10:14 - 17-NOV-2009 10:14		0423	004	304 - STREET	

Accused Members

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused	ONEILL, KEVIN	8954		004 / 212	POLICE OFFICER	ON Duty	The reporting party alleges that the accused tackled the victim to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	KINNEY, PATRICK	2044		004 / 212	SERGEANT OF POLICE	OFF Duty	The reporting party alleges that the accused tackled the victim to the ground and then struck the victim on the mouth and face an unknown object.
CPD Employee	Accused	MC CLELLAND III, WILLIAM	1420		006 /	SERGEANT OF POLICE	OFF Duty	The reporting party alleges that the accused tackled the victim to the ground and then struck the victim on the mouth and face an unknown object.

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:	11C 8186	Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
05R - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS CIVIL SUITS - THIRD PARTY	Y
05Z - GROUP 05 - OFFICE OF PROFESSIONAL STANDARDS INVESTIGATIONS MISCELLANEOUS	

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	GENERAL FIELD 4	FINNELL, ANTHONY (SUPERVISOR)	03-JUN-2013 11:12	STOUTENBOROUGH, ANDREA	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 4	-	03-JUN-2013 11:12	STOUTENBOROUGH, ANDREA	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 3	OLVERA, MARIA (SUPERVISOR)	10-OCT-2012 10:38	THOMAS, KELLY	UPDATED USING REASSIGN ALL
IPRA	GENERAL FIELD 3	-	10-OCT-2012 10:38	THOMAS, KELLY	UPDATED USING REASSIGN ALL

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	GENERAL FIELD 4	MESSENGER, VERONICA (PRIMARY INV)	21-DEC-2011 10:38	FAKUADE, JOSEPH	
IPRA	GENERAL FIELD 4	FAKUADE, JOSEPH (SUPERVISOR)	20-DEC-2011 14:18	STOUTENBOROUGH, ANDREA	
IPRA	GENERAL FIELD 4	-	20-DEC-2011 14:18	STOUTENBOROUGH, ANDREA	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	14-DEC-2011 10:58	TOPPINS, YOLANDA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	06-AUG-2013 09:51	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
CLOSED AT C.O.P.A.	06-AUG-2013 09:42	FINNELL, ANTHONY	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-AUG-2013 10:30	MESSENGER, VERONICA	INVESTIGATOR 3 COPA	113 /	
PENDING INVESTIGATION	21-DEC-2011 10:38	FAKUADE, JOSEPH	COOR OPERATIONS COPA	113 /	
PENDING ASSIGN INVESTIGATOR	20-DEC-2011 02:18	STOUTENBOROUGH, ANDREA	SUPERVISING INV COPA	113 /	
PENDING ASSIGN TEAM	14-DEC-2011 03:28	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 01:39	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 01:16	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	14-DEC-2011 10:59	TOPPINS, YOLANDA	INTAKE AIDE	113 /	
PRELIMINARY	14-DEC-2011 10:58	TOPPINS, YOLANDA	INTAKE AIDE	113 /	

CHICAGO POLICE DEPARTMENT
EVENT QUERY

14-DEC-2011 PAGE 1

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
BURGIP	[REDACTED]	17-NOV-2009 22:08:51	1B	004	0423	0610
Source	Response Level	Caller	Phone			
E	1	[REDACTED]	[REDACTED]			
Address of Occurrence					Occ Beat	
[REDACTED]					0423	

Event Chronology

Date	Activity	Wkstn	Person	Text
17-NOV-2009 22:08:22	REC			
17-NOV-2009 22:08:51	ENTRY	PCT39	[REDACTED]	
17-NOV-2009 22:10:30	DSP	PD04	[REDACTED]	42G72D
17-NOV-2009 22:13:42	MISC	PD04	[REDACTED]	MB WEARING ALL GRAY
17-NOV-2009 22:13:44	MISC	PD03	[REDACTED]	mb lsw all gry
17-NOV-2009 22:14:09	MISC	PD03	[REDACTED]	9332 s colfax in custody
17-NOV-2009 22:14:10	MISC	PD04	[REDACTED]	9332 S COLFAX IN CUSTODY
17-NOV-2009 22:14:32	ASST	PD03	[REDACTED]	420
17-NOV-2009 22:15:02	ASST	PD03	[REDACTED]	434
17-NOV-2009 22:15:31	ACK	PMDT4357	[REDACTED]	434
17-NOV-2009 22:30:27	CASERD	PD03	[REDACTED]	RDG Report Number [REDACTED] D [REDACTED] [REDACTED] [REDACTED]
17-NOV-2009 22:38:28	COPYT	PDTS103	[REDACTED]	Copied To Event(s): #CPD [REDACTED]
17-NOV-2009 22:43:01	CLOC	PD04	[REDACTED]	434 [1 TO AREA]
17-NOV-2009 23:10:40	ONS	PMDT4357	[REDACTED]	434
17-NOV-2009 23:57:56	CLEAR	PMDT4357	[REDACTED]	434
18-NOV-2009 00:03:27	CLEAR	PD03	[REDACTED]	420
18-NOV-2009 02:18:33	CLEAR	PD04	[REDACTED]	[REDACTED]
18-NOV-2009 02:18:33	CLOSE	PD04	[REDACTED]	
	RMKS		[REDACTED]	scr someone broke into garage in their right now nfi

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
42G72	22:10:30						18-NOV-2009
D							02:18:33
420	22:14:32						18-NOV-2009
							00:03:27
434	22:15:02	22:43:01	23:10:40				23:57:56

LOG # 1050684
Attachment # 4

Event # [REDACTED]

Type	Location	Date	Pri	DG	Svc Beat	Disp
ETECH3	[REDACTED]	17-NOV-2009 22:38:28	3B	CW2	0423	
Source	Response Level	Caller			Phone	
S		[REDACTED]			[REDACTED]	
Address of Occurrence					Occ Beat	
[REDACTED]					0423	

Event Chronology

Date	Activity	Wkstn	Person	Text
17-NOV-2009 22:38:28	ENTRY	PDTS103	[REDACTED]	
17-NOV-2009 22:37:07	ALERT	PDTS103	[REDACTED]	Go to Card [ET3]
17-NOV-2009 22:37:29	ISIN	PDTS103	[REDACTED]	167 RD# ([REDACTED])
17-NOV-2009 22:37:30	ISIN	PDTS103	[REDACTED]	168 Nature of the offense (BURG)
17-NOV-2009 22:37:42	ISIN	PDTS103	[REDACTED]	177 Is offender in custody? (Y)
17-NOV-2009 22:37:55	ISIN	PDTS103	[REDACTED]	165 REQUESTING BEAT NUMBER? (42G72D)
17-NOV-2009 22:38:28	COPYF	PDTS103	[REDACTED]	Copied From Event # [REDACTED]
17-NOV-2009 22:38:28	COPYF	PDTS103	[REDACTED]	Copied 1 remarks from Event # [REDACTED]
17-NOV-2009 23:01:47	ALERT	PDTS103	[REDACTED]	Go to Card [ET3]
17-NOV-2009 23:02:51	CHNG	PDTS103	[REDACTED]	Remarks Entered;Triage Data Entered;
17-NOV-2009 23:15:00	DSP	PDTS103	[REDACTED]	5823
17-NOV-2009 23:18:03	ACK	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:18:08	ENR	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:36:41	ONS	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:42:11	CLOC	PDTS103	[REDACTED]	5823 [A2]
17-NOV-2009 23:56:54	CLEAR	MDTP0483	[REDACTED]	5823
17-NOV-2009 23:56:54	CLOSE	MDTP0483	[REDACTED]	
	RMKS			scr someone broke into garage in their right now
				nfi
	RMKS			*** Copy from [REDACTED] to
				# [REDACTED] **
				RD Records copied:
				[REDACTED]
				0610 was last disposition copied from event
				# [REDACTED]
	RMKS			REQ PHOOS OF TOOL MARKS ON SIDE
				DOOR, & PROCEEDS PILED UP
	RMKS			RD#() HR [REDACTED]
				Nature of the offense() BURG
				Is offender in custody?() Y
				REQUESTING BEAT NUMBER?() 42G72D
	RMKS			AFTERWARDS, REQ. E.T. TO PHOTO SGT.
				BT 4220 - MCCLELLAND *1420 (BATT TO
				P.O.)

Event # [REDACTED]

Event Chronology

Date	Activity	Wkstn	Person	Text
				IN AREA 2 (1ST FLR - GUN TEAM)

Unit Summary

Unit	Dispatch	Enroute	Onscene	T	TA	TC	Clear
5823	23:15:00	23:18:08	23:36:41				23:56:54

ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

ARREST REPORTING

OFFENDER	Name: [REDACTED]	Res: [REDACTED]	Beat: 413	Male	Black	5' 09"	220 lbs	Brown Eyes	Black Hair	Braids Hair Style	Medium Complexion
	DOB: [REDACTED]	AGE: 43 years	POB: Illinois	SSN: [REDACTED]	DLN: [REDACTED] IL	ARMED WITH: Unarmed					
INCIDENT	Arrest Date: 17 November 2009 22:14			TRR Completed? Yes	Total No Arrested: 1	Co-Arrests	Assoc Cases				
	Location: [REDACTED]			Beat: 423	Dependent Children? No		DCFS Ward ? No				
CHARGES	291 - Residential Yard (Front/Back)										
	Holding Facility: District 005 Female Lockup										
FELONY REVIEW	Resisted Arrest? Yes										
RECOVERED NARCOTICS	1 Offense As Cited 720 ILCS 5.0/19-1-A			Victim							
	BURGLARY			[REDACTED]							
FELONY REVIEW	2 Offense As Cited 720 ILCS 5.0/12-4-A			State Of Illinois, Sgt. McClelland #1420							
	AGG BATTERY/PEACE OFF/DUTIES										
RECOVERED NARCOTICS	Class 2 - Type F										
FELONY REVIEW	Felony Review : Approved 19 NOV 2009 00:40			Hamelly, Jen		State's Attorneys's Office					
RECOVERED NARCOTICS	NO NARCOTICS RECOVERED										

LOG # 1050684

Attachment # 5

ARREST REPORTING

WARRANT

NO WARRANT IDENTIFIED

NON-OFFENDER(S)

VICTIM AND COMPLAINANT

Name: [REDACTED]

Res: [REDACTED]

Beat: 423

Male

Black

DOB: [REDACTED]

Age: 30 years

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, Sgt. McClelland #1420

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

ARREST REPORTING

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

INCIDENT NARRATIVE

EVENT # [REDACTED] THIS IS AN ON VIEW ARREST BY THE AREA 2 GUN TEAM, BEAT 42G72D. AO'S WERE WORKING A PSN MISSION IN THE 004TH DISTRICT AS THEY RESPONDED TO A CALL OF A BURGLARY IN PROGRESS AT [REDACTED] AS AO'S ARRIVED, THEY OBSERVED THE OFFENDER FLEEING FROM THE GARAGE OF THE LISTED ADDRESS AND GAVE CHASE. DURING THE FOOT CHASE, P.O KINNEY #12614 OBSERVED THE OFFENDER REACH INTO HIS FRONT WAISTBAND, REMOVE A SCREWDRIVER AND THROW IT TO THE GROUND. P.O KINNEY AND SGT. MCCLELLAND #1420 WERE ABLE TO PLACE THE OFFENDER INTO CUSTODY [REDACTED]. AO'S OBSERVED A SMALL SCRATCH ON THE OFFENDER'S CHIN THAT OCCURRED WHEN HE STUMBLED TO THE GROUND. P.O KINNEY RECOVERED THE SCREWDRIVER. THE OFFENDER WAS THEN TRANSPORTED TO THE 005TH DISTRICT FOR PROCESSING. AO'S THEN RELOCATED TO [REDACTED] AND MET WITH THE VICTIM(NESBARY) WHO STATED THAT HE HEARD HIS ALARM GO OFF AND SAW HIS GARAGE LIGHT ON. THE VICTIM THEN CALLED 911. RO'S OBSERVED PRY MARKS ON THE SIDE GARAGE DOOR AND A PURPLE BICYCLE NEXT TO THE DOOR. RO'S ALSO OBSERVED A RIDGID SHOP VAC AND A HAND AIR PUMP IN THE ALLEY IN FRONT OF THE GARAGE. THE VICTIM RELATED TO RO'S THAT HIS GARAGE DOOR WAS LOCKED, THE ALARM WAS ON AND THERE WERE NO PRY MARKS ON HIS GARAGE DOOR EARLIER IN THE DAY. THE VICTIM FURTHER STATED THAT HE DID NOT GIVE PERMISSION TO THE OFFENDER TO ENTER INTO HIS GARAGE OR TO TAKE ANY OF THE LISTED ITEMS. SGT. MCCLELLAND STATED TO AO'S THAT AS HE ARRIVED ON SCENE, HE OBSERVED THE OFFENDER STANDING INSIDE OF THE GARAGE HOLDING A PURPLE BICYCLE. THE OFFENDER THEN THREW THE BIKE AT SGT. MCCLELLAND, WHICH HIT HIM IN THE FRONT OF HIS BODY, CAUSING AN ABRASION TO HIS LEFT HAND. THE OFFENDER THEN PUSHED SGT. MCCLELLAND WITH TWO HANDS, CAUSING HIM TO FALL BACKWARDS INTO A CHAIN-LINK FENCE. SGT. MCCLELLAND SUFFERED AN ABRASION TO HIS LEFT KNEE. SGT. MCCLELLAND THEN CONTINUED TO CHASE THE OFFENDER WHERE HE WAS PLACED INTO CUSTODY. THE OFFENDER WAS MIRANDIZED AT THE 005TH DISTRICT. IN THE 005TH DISTRICT, THE OFFENDER STATED THAT HE "NEEDED TO PEE" AND OBSERVED THE SIDE GARAGE DOOR OPEN AT [REDACTED]. HE THEN RELATED THAT HE ENTERED THE DOOR AND THAT'S WHEN THE POLICE ARRIVED. ET- BEAT 5823, LEFLORE #17774 ARRIVED ON SCENE TO TAKE PHOTOS.

NAME CHECK CLEAR. NO INVESTIGATIVE ALERTS. THE OFFENDER IS NOT ON PAROLE OR PROBATION AND IS CLEAR OF G.I.P AND T.R.A.P. DENIES GANG AFFILIATION. THE OFFENDER HAS \$12.55 USC ON HIS PERSON.

COURT INFO: 24NOV09, BRANCH 38-2 @0900.

INVENTORY #'S: [REDACTED] (PRISONER JEWELRY) [REDACTED] (PROPERTY) [REDACTED] (GLOVES/FLASHLIGHT) [REDACTED] (SCREWDRIVER)

SEE WC COMMENTS SECTION FOR ADDITIONAL COMMENTS

COURT INFO

Desired Court Date: 24 November 2009
Branch: 38-2 727 E 111TH ST - Room
Court Sgt Handle? No
Initial Court Date: 19 November 2009
Branch: 1 2600 S CALIFORNIA - Room111
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #8954 ONEILL, K P [REDACTED] 18 NOV 2009 01:41

ARRESTING OFFICER(S):

1st Arresting Officer: #12614 KINNEY, P R [REDACTED] Beat 42G72D
2nd Arresting Officer: #8954 ONEILL, K P [REDACTED] Beat 42G72D

APPROVING SUPERVISOR:

Approval of Probable Cause : #617 KINGSLEY, D [REDACTED] 18 NOV 2009 01:55

ARREST PROCESSING REPORT

Holding Facility: District 005 Female Lockup
Received in Lockup: 18 November 2009 02:25
Prints Taken: 18 November 2009 02:28
Palmprints Taken: Yes
Photograph Taken: 18 November 2009 02:30
Released from Lockup: 19 November 2009 08:30

Time Last Fed:
Time Called: Phone#:
Cell #: F-1
Transport Details : 2PO 0434 17-NOV-2009 22:45

VISUAL CHECK OF ARRESTEE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

ARRESTEE QUESTIONNAIRE

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

NO INTERVIEWS LOGGED

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG	Action	By	Destination	Reason
	RELEASED BY	#2100 Pikowski, Randy J	18 NOV 2009 21:49 District 005 Female Lockup	
	RECEIVED BY	#21488 Haleem, Morad F	18 NOV 2009 21:49 Area 2	Interview With Asa
	RECEIVED BY	#2100 Pikowski, Randy J	18 NOV 2009 22:12 District 005 Female Lockup	Never Left Lock-Up
	RELEASED BY	#2100 Pikowski, Randy J	18 NOV 2009 23:52 District 005 Female Lockup	
	RECEIVED BY	#16980 Fernandez, Arturo	18 NOV 2009 23:52 Roseland Community	Sent To Hospital With Paramedics
	RECEIVED BY	#2100 Pikowski, Randy J	19 NOV 2009 03:23 District 005 Female Lockup	Return From Hospital

Watch Commander Comments:

#617 Kingsley, Dale R [REDACTED]

18 NOV 2009 02:53

pending asa review

DOES NOT APPLY TO THIS ARREST

ARRESTEE PROCESSING PERSONNEL:

Searched By:	WEST, D T	Beat
Lockup Keeper:	#9678 GODINEZ, R	
Assisting Arresting Officer:	#11535 MCKENDRICK, W T	0434
Assisting Arresting Officer:	#1420 MC CLELLAND III, W	4220
Assisting Arresting Officer:	#6072 REGAN, M	0434
Fingerprinted By:	WEST, D T	
Detective :	#20215 Pullappally, Jason J	18 NOV 2009 01:55

APPROVAL PERSONNEL:

Final Approval of Charges :	#129 RAYMOND, A M	Beat
		19 NOV 2009 02:05

Name	[REDACTED]	[REDACTED]	[REDACTED]
IR No	[REDACTED]	[REDACTED]	[REDACTED]





There are currently 1250 users online.

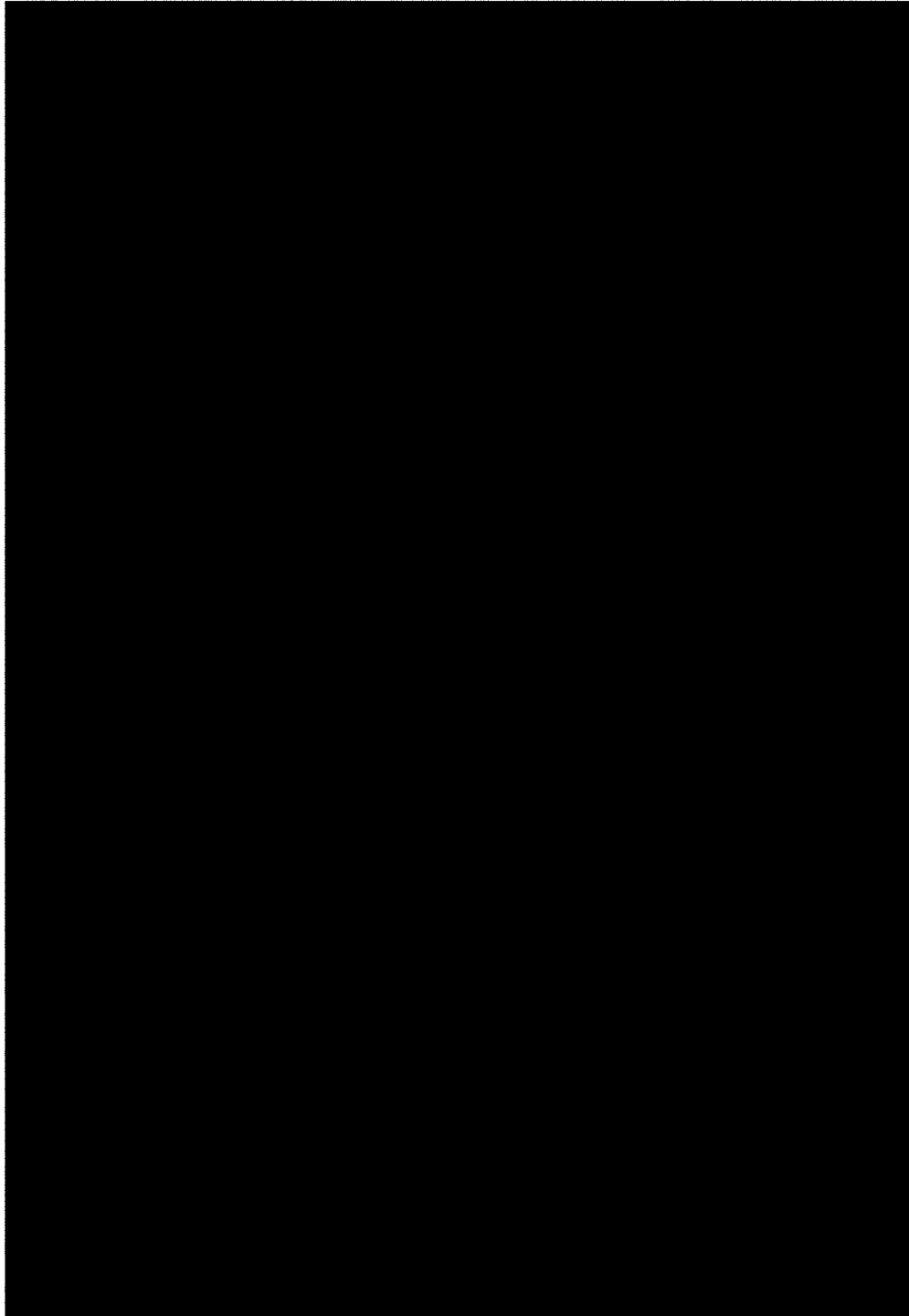
Search

19 January 2012

11:09:55 AM

CLEAR DATA WAREHOUSE

CB Number: [REDACTED]



REPORT DATE= 19-January-2012 11:12:30 AM
REQUESTED BY= PC05578
FOR OFFICIAL POLICE USE ONLY!
NOT FOR DISSEMINATION!



There are currently 1250 users online.

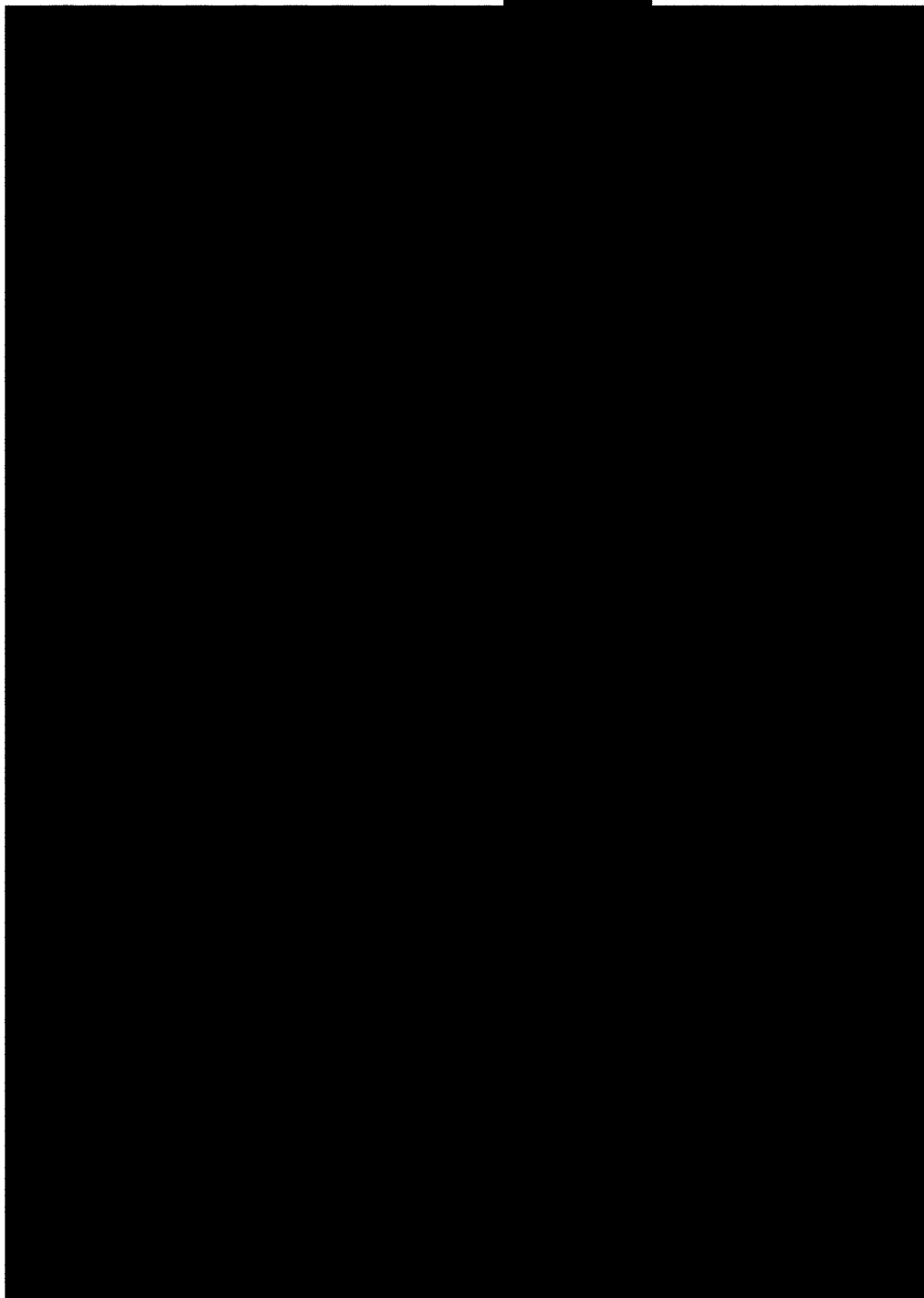
Search

19 January 2012

11:10:18 AM

CLEAR DATA WAREHOUSE

CB Number: [REDACTED]



REPORT DATE= 19-January-2012 11:13:02 AM

REQUESTED BY= [REDACTED]

FOR OFFICIAL POLICE USE ONLY!

NOT FOR DISSEMINATION!

CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11 388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

This Document is not an official copy. It is a computerized version of data entered from an original case report. A copy of the original case report can be obtained from the Records Division

INCIDENT	ASSIGNED TO FIELD		
	IUCR: 0610 - Burglary - Forcible Entry		
	Occurrence Location: [REDACTED] 210 - Residence-Garage	Beat: 0423	Unit Assigned: 42G72D RO Arrival Date: 17 November 2009 22:10 # Offenders: 1
	Occurrence Date: 17 November 2009 22:08		

NON OFFENDER	VICTIM	
	Name: [REDACTED] Res: [REDACTED]	Beat: 0423 Beat: 5100
	Demographics	
	Male Black	
	Age: 30 Years	
	Other Communications and Availability	
	Business Phone: [REDACTED]	
	VICTIM	
	Name: SGT MC CLELLAND 727 E 111th St Chicago, IL	
	Beat: 0531	
PERSON REPORTING OFFENSE		
Name: [REDACTED] Res: [REDACTED]		
Beat: 0423 Beat: 5100		
Demographics		
Male Black		
Age: 30 Years		
Other Communications and Availability		
Business Phone: [REDACTED]		
PERSON REPORTING OFFENSE		
Name: SGT MC CLELLAND Res: 727 E 111th St Chicago IL		
Beat: 0531 Beat: 5100		

SUSPECTS	LOG # 1050684	
	Attachment # 6	

SUSPECTS	Suspect # 1	
	Name: [REDACTED] Res: [REDACTED] Beat: 0413	Demographics Male Age: 43 years - 509 years Black 5'09, 220 lbs Brown Eyes Black Hair Medium Complexion

RELATIONSHIP	RELATIONSHIP	
	(Victim) [REDACTED]	(Offender) [REDACTED]

[REDACTED] is a Other of [REDACTED]

OTHER	Burglary Information
	Entry Point: Garage Exit Point: Garage
	Miscellaneous <div style="text-align: right;">Flash Message Sent ? No</div>

OTHER PROPERTIES	Property #1	
	Description: Ridgid Shop Vac And Hand Air Pump	Owner: [REDACTED]
	Used as Weapon? No Taken/Stolen? Yes Recovered? No Damaged? No	

PERSONNEL		Star No	Emp No	Name	User	Date	Unit	Beat
	Detective/Investigator	20215	[REDACTED]	PULLAPPALLY, Jason, J	[REDACTED]	03 Dec 2009 07:38	620	
	Reporting Officer	1420	[REDACTED]	MC CLELLAND III, William, J	[REDACTED]	02 Dec 2009 10:47	006	0423
	Reporting Officer	12614	[REDACTED]	KINNEY, Patrick, R	[REDACTED]	02 Dec 2009 10:47	212	0423

CHICAGO POLICE DEPARTMENT
CASE SUPPLEMENTARY REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police - Bureau of Investigative Services Personnel Only)

CLEARED CLOSED (ARREST AND PROSECUTION)				DETECTIVE SUP. APPROVAL COMPLETE							
Last Offense Classification/Re-Classification		IUCR Code		Original Offense Classification		IUCR Code					
BURGLARY / Forcible Entry		0610		BURGLARY / Forcible Entry		0610					
Address of Occurrence		Beat of Occur		No of Victims		No of Offenders		No of Arrested		SCR No	
		423		2		1		1			
Location Type		Location Code		Secondary Location				Hate Crime?			
Residence-Garage		210						NO			
Date of Occurrence		Unit Assigned		Date RO Arrived		Fire Related?		Gang Related?		Domestic Related?	
17-NOV-2009 22:08		42G72D		17-NOV-2009 22:10		NO		NO		NO	
Reporting Officer		Star No		Approving Supervisor		Star No		Primary Detective Assigned		Star No	
PULLAPPALLY, Jason		20215		KOREN, Timothy		1479		PULLAPPALLY, Jason		20215	
Date Submitted		Date Approved		Assignment Type							
05-MAR-2010 21:19		07-MAR-2010 07:17		FIELD							

THIS IS A FIELD INVESTIGATION CLEARED CLOSED (ARREST AND PROSECUTION) REPORT

VICTIM(S):

Male / Black / 30 Years

DOB:

RES:

OTHER COMMUNICATIONS:

Business
Phone:

DLN/ID:

SGT MC CLELLAND

EMPLOYMENT: Chicago Police Officer

BUS: 727 E 111th St
Chicago IL

OFFENDER(S):

-- In Custody --

Male / Black / 43 - 509 Years

DOB:

RES:

DESCRIPTION: 5'09,220,Black Hair, Brown Eyes, Medium Complexion

SSN:

IR #:

CB #:

RELATIONSHIP OF VICTIM TO OFFENDER:

Attachment # 7

LOCATION OF INCIDENT: [REDACTED] Other

DATE & TIME OF INCIDENT: 210 - Residence-Garage
17-NOV-2009 22:08

METHOD CODE(S): DNA

CAU CODE(S): Bike Taken/Not Theft

OTHER PROPERTY TAKEN: Ridgid Shop Vac And Hand Air Pump
OWNER: [REDACTED]

BURGLARY INFORMATION: POINT OF ENTRY: Garage
POINT OF EXIT: Garage

PERSONNEL ASSIGNED: Detective/Investigator
PULLAPPALLY, Jason J # 20215
Reporting Officer
KINNEY, Patrick R # 12614 BEAT: 0423
MC CLELLAND III, William J # 1420 BEAT: 0423

OTHER INDIVIDUALS INVOLVED: [REDACTED] (Person Reporting Offense)
Male / Black / 30 Years
RES: [REDACTED]

OTHER COMMUNICATIONS:
Business [REDACTED]
Phone : [REDACTED]

SGT MC CLELLAND (Person Reporting Offense)
RES: 727 E 111th St
Chicago IL

CRIME CODE SUMMARY: 0610 - Burglary - Forcible Entry
0453 - Battery - Aggravated Po: Other Dang Weap

IUCR ASSOCIATIONS: 0453 - Battery - Aggravated Po: Other Dang Weap
SGT MC CLELLAND (Victim)
ANDERSON, Thomas, L (Offender)
0610 - Burglary - Forcible Entry
[REDACTED] (Offender)
[REDACTED] (Victim)

ASSOCIATED ARRESTS: [REDACTED]

REPORT DISTRIBUTIONS: No Distribution

INVESTIGATION:
DATE ASSIGNED:
17-NOV-2009

DATE VICTIM INTERVIEWED:
17-NOV-2009

VICTIM:

M/1/30

ADDITIONAL VICTIMS:
SGT. MCCLELLAND #1420
727 E. 111th Street
Area 2 Gun Team

IN CUSTODY OR WANTED:

M/1/43

SS#

DL#

CB#

IR#

ARRESTING OFFICERS:
P.O. P. KINNEY #12614 BEAT 42G72D
P.O. K. ONEILL #8954 BEAT 42G72D
P.O. W. MCKENDRICK #11535 BEAT 0434
SGT. W. MCCLELLAND #1420 BEAT 4220
P.O. M. REGAN #6072 BEAT 0434

DATE, TIME & LOCATION OF ARREST:
17-NOV-2009 @ 2214HRS
@ 9332 S. COLFAX AVE

CHARGES:
720ILCS 5.0/19-1-A
720ILCS 5.0/12-4-A

COURT DATE & BRANCH:
24-NOV-2009 38-2

LOCATION OF OCCURRENCE:

DATE, DAY & TIME OF OCCURRENCE:

17-NOV-2009 @ 2208HRS

WITNESSES:

M/1/30

INTERVIEWED:

M/1/30

SGT. MCCLELLAND #1420
727 E. 111th Street
Area 2 Gun Team

M/1/43

SS#
DL#
CB#
IR#

MODUS OPERANDI OR TRADEMARK:

used a screwdriver to pry open the side garage door of
and once forcible entry was made, attempted to remove
property.

EVIDENCE:

1 CRAFTSMAN FLATHEAD SCREWDRIVER inventoried under:
1 BLACK FLASHLIGHT inventoried under:
1 PAIR OF GLOVES inventoried under:

Crime Scene Photos:

Photo Type Media Type Scale Used Photo Description

OVERALL DIGITAL FRONT OF GARAGE@
BOTH (OVERALL/CLOSE UP) DIGITAL VACCUME,AND AIR PUMP ON ALLEY PAVEMENT IN FRONT OF GARAGE

OVERALL DIGITAL REAR OF GARAGE @

OVERALL DIGITAL REAR SIDE OF GARAGE FACING EAST

BOTH (OVERALL/CLOSE UP) DIGITAL PRY MARKS ON DOOR

BOTH (OVERALL/CLOSE UP) DIGITAL PRY MARKS ON DOOR FRAME

BOTH (OVERALL/CLOSE UP) DIGITAL IDENT OF SGT. MCCLELLAND, WILLIAM # 1420 M/2/41

BOTH (OVERALL/CLOSE UP) DIGITAL SGT. MCCLELLAND, WILLIAM # 1420 HANDS

BOTH (OVERALL/CLOSE UP) DIGITAL SGT. MCCLELLAND, WILLIAM # 1420 LEFT KNEE

PERSONNEL ASSIGNED:

P.O. P. KINNEY #12614 BEAT 42G72D

P.O. K. ONEILL #8954 BEAT 42G72D

P.O. W. MCKENDRICK #11535 BEAT 0434

SGT. W. MCCLELLAND #1420 BEAT 4220

P.O. M. REGAN #6072 BEAT 0434

E.T. K. LEFLORE #17774 BEAT 5823

DET. J. PULLAPPALLY #20215 BEAT 5245

DET. M. HALEEM #21488 BEAT 5245

INVESTIGATION:

In summary, R/D was assigned this investigation per his command on 17-NOV-2010. R/D interviewed [REDACTED] who related the following in essence and not verbatim: On 17-NOV-2009, [REDACTED] last observed his garage door at 1900hrs. [REDACTED] observed his side entry door, locked and with no visible damage. At 2205hrs, [REDACTED] garage door alarm activated. [REDACTED] walked to his back window and observed what he appeared to be a flashlight on and moving about in his garage. The flashlight was the only light on in the garage. [REDACTED] called OEMC at 2208hrs and reported someone in his garage. Within a few minutes [REDACTED] observed a Chicago Police Department vehicle pull up in front of his residence and one behind his residence. [REDACTED] looked thorough his blinds and observed a male black push a Police Officer in the upper body and try to force him to the ground. [REDACTED] stated that the Officer thwarted this by maintaining his balance on the fence. The male black then fled through the yard, eluded another Police Officer and fled. [REDACTED] never gave permission to the male black to be in his garage or remove any property. [REDACTED] did not know the male black. [REDACTED] wanted to pursue criminal charges against the offender now identified as [REDACTED]. [REDACTED] then observed his garage door and stated that the pry marks were not there when he left it. [REDACTED] also observed his RIDGID SHOP VAC and HAND in the alley outside the garage.

R/D interviewed SGT. MCCLELLAND who related to R/D in essence and not verbatim that he was on patrol in the area when he heard the OEMC dispatch call of arrived on the scene within two

minutes while responding to the OEMC call of a burglary in progress at [REDACTED] in the garage. MCCLELLAND arrived at the scene within two minutes. MCCLELLAND observed the side garage door open and noises coming from inside. MCCLELLAND approached the garage door and was met with a male black, now identified as [REDACTED], carrying a purple mountain bicycle inside the garage. [REDACTED] came face to face with MCCLELLAND and responded, "Oh shit!" and threw the bicycle at MCCLELLAND who was struck in the upper body causing him to fall back into a chain link fence. [REDACTED] then forcibly struck MCCLELLAND in the chest and pushed him to the ground and a brief struggle ensued. [REDACTED] could not keep MCCLELLAND on the ground and fled the scene. [REDACTED] was immediately pursued by assisting officers and MCCLELLAND. During the brief pursuit, MCCLELLAND observed [REDACTED] reach into his waistband, remove a large screwdriver, and then throw it to the ground. The screwdriver was subsequently recovered and inventoried. [REDACTED] was apprehended at approximately 2214hrs. MCCLELLAND positively identified [REDACTED] as the offender in the garage. MCCLELLAND suffered an abrasion to his left knee and hand. [REDACTED] was taken into custody and subsequently transported to AREA 2 for processing.

R/D along with Detective HALEEM mirandized [REDACTED] at 0055hrs in Area 2. [REDACTED] understood his rights and related to R/D in essence and not verbatim that he went from [REDACTED] to a viaduct, then took a piss on a garage. [REDACTED] then stated that he took a piss on the grass and he observed the side garage door already open. [REDACTED] then changed his story and stated that he randomly tried the doorknob which opened. [REDACTED] stated that he opened the door just to see. [REDACTED] stated that he went in and probably went to sleep. [REDACTED] then stated that he was going to ride the bicycle to the store. [REDACTED] then stated that he was going to ride the bicycle to his house. [REDACTED] could not explain why he entered the garage. When asked about the screwdriver that was observed coming out of his waistband and thrown to the ground, [REDACTED] did not have any knowledge. [REDACTED] did state that he knew the individual he pushed was a Chicago Police Officer. [REDACTED] did not have anything else he wanted to add. It should be noted that [REDACTED] gave several accounts of the incident and would not commit to one. The interview was terminated.

Based on the above investigation, R/D requests the matter be CLEAR CLOSED ARREST AND PROSECUTION.

Detective J. Pullappally 20215
Area 2 RBT

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 17-NOV-2009		TIME 22:08:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 210		4. BEAT/OCCUR 0423	
MEMBER INVOLVED	5. POSITION 9171	6. LAST NAME MC CLELLAND III	7. FIRST NAME WILLIAM J	8. STAR NO. 1420	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 508	13. WT. 175
	14. DATE OF APPT. 06-MAY-1996	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 253 4220	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION	20. LAST NAME [REDACTED]	21. FIRST NAME [REDACTED]	22. M.I. L	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 509	27. WT. 220	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]			34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid			
	36. CHARGES PLACED 720 ILCS 5.0/12-4-A, 720 ILCS 5.0/19-1-A			37. CB NO. [REDACTED]		IR NO. [REDACTED]			<input type="checkbox"/> DNA
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER <input type="checkbox"/>		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <input type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER <input type="checkbox"/>
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER <input type="checkbox"/>
	39. <input checked="" type="checkbox"/> DNA								
WEAPON DISCHARGE INCIDENT	40. ADDITIONAL INFORMATION BIKE THROWN AT MEMBER WHICH STRUCK MEMBER CAUSING CUTS TO MEMBERS HAND. OFFENDER PUSHED MEMBER IN CHEST WHICH CAUSED MEMBER TO LOSE BALANCE AND FALL TO THE GROUND RESULTING IN LEFT KNEE (CUT) AND RIGHT KNEE (PAIN).								
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER			42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
CASE INFO.	45. MAKE/MANUFACTURER [REDACTED]		46. MODEL [REDACTED]		47. BARREL LENGTH [REDACTED]		48. CALIBER/GAUGE [REDACTED]		
	49. TASER DART ID NO. [REDACTED]		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. [REDACTED]		52. IL FIREARM OWNER ID. NO. [REDACTED]		
SIGNATURES	53. HANDGUN CERTIFICATE NO. [REDACTED]		54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED [REDACTED]		
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
SIGNATURES	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 16 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		
SIGNATURES	70. EVENT NO. [REDACTED]								
	71. R.D. NO. [REDACTED]								
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.								
	73. REPORTING MEMBER (Print Name) MC CLELLAND III, WILLIAM J STAR/EMPLOYEE NO. 1420 SIGNATURE [REDACTED] 18-NOV-2009 00:33:23								
SIGNATURES	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.								
	74. REVIEWING SUPERVISOR (Print Name) LAVOY, JAMES A		STAR NO. 524		SIGNATURE [REDACTED]		DATE REVIEWED 18-NOV-2009 00:38:52		

CPD-11.377 (REV. 10/07)

LOG # 1050684

Attachment # 8

CPD 0060826

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

R/LI. identified himself to the arrestee and requested a statement. Arrestee stated "I was drunk and I didn't know what I was doing".

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The Sergeant was responding to a burglary in progress. Upon arrival the Sergeant observed the offender inside the victim's garage with the victim's bicycle in his hands. The offender threw the bicycle at the Sergeant, and pushed the Sergeant to the ground in an attempt to make good his escape. The Sergeant was attacked while in the lawful performance of his duties.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

RIGGENBACH, CARL R

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

18-NOV-2009 00:58:36

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) MC CLELLAND III, WILLIAM J		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR ADDRESS OF OCCURRENCE [REDACTED]	
STAR NO. 1420	POSITION SERGEANT OF POLICE	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (if outside Chicago)
DATE OF APPOINTMENT 06-MAY-1996	EMPLOYEE NO. [REDACTED]	LOCATION CODE 210-RESIDENCE-GARAGE	BEAT OF OCCURRENCE 0423
UNIT OF ASSIGNMENT 006	BEAT/CALL NO. 4220	DATE OF OCCURRENCE 17-NOV-2009	TIME 22:08:00
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DAY OF WEEK TUESDAY	
HEIGHT 508	WEIGHT 175	NO. OF OFFICERS BATTERED 1	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED <input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER _____		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <u>2</u>	
WORKING: <input checked="" type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY <input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____ <input checked="" type="checkbox"/> K. OTHER		TYPE OF WEAPON/THREAT (Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____	
TYPE OF INJURY TO OFFICER <input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input checked="" type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input type="checkbox"/> D. NONE APPARENT/NONE		OFFENDER INFORMATION SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB [REDACTED] CB NO. [REDACTED] IR NO. [REDACTED]	
LIGHTING CONDITIONS AT INCIDENT <input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> S. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> G. DAWN <input checked="" type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD		WEATHER CONDITIONS <input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND APPROXIMATE OUTDOOR TEMPERATURE: 50 °F	

CPD-11.451 (REV. 1/04)

OG #

Attachment #

9

CPD 0060828

REPORTING MEMBER - SIGNATURE
MC CLELLAND III, WILLIAM J

STAR NO.
1420

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
RIGGENBACH, CARL R 231

INV NO

PKG
NO.

UNIT
005

INVENTORY NO.

DATE RECOVERED

17-NOV-2009

RD

RE-INVENTORY OF:

ITEM ID

QUANTITY

DESCRIPTION OF PROPERTY

1 PRISONER JEWELRY : METAL EARING

1 PRISONER JEWELRY : METAL BRACELET

MY SIGNATURE HEREON ACKNOWLEDGE
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENTS SIGNATURE

X

ADDRESS - STREET

CITY

STATE

ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

X

WATCH COMDR.'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)

X

COURT ORDER - DISPOSAL INSTRUCTIONS

COMMENTS:

\$ DEPOSITED AMT

\$ INVENTORY AMT

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

Court Date 24-NOV-2009

Court Branch 38-2

CURRENCY:

IUCR: 0610 BURGLARY FORCIBLE ENTRY

STATE CHARGES: 720 ILCS 5.0/19-1-A

CHARGE TYPE: FELONY

INCHOATE: OFFENSE AS CITED

RECOVERED/SEIZED FROM - NAME ANDERSON, THOMAS

☐ DECEASED ☒ ARRESTED

BEAT OF RECOVERY

423

OWNER'S NAME

ADDRESS

TELEPHONE NO.

JUDGE

CT.BR.

FOUND BY - NAME ONEILL, KEVIN Star: 8954

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

X

☒ CHECK IF
C.P.D.

SEE COPY 4 FOR NOTICE TO FINDER

☐ HOLD FOR INVESTIGATION
AND/OR EVIDENCE
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

☒ PROPERTY AVAILABLE FOR RETURN TO
OWNER

☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

INITIAL DESTINATION OF PROPERTY:
ERPS

1st OFFICER'S NAME
KINNEY, PATRICK

STAR NO.
12614

SIGNATURE
Electronic Approval

UNIT
212

2nd OFFICER'S NAME
ONEILL, KEVIN

STAR NO.
8954

SIGNATURE
Electronic Approval

UNIT
212

VIA ☒ POLICE MAIL

☐ RECOVERING UNIT PERSONNEL

APPROVING DESK SERGEANT

STAR NO.

DATE

TIME

☐ E & RPS PICKUP

☐ EVID/LAB TECHNICIAN

WALKER, TOMMY

2328

18-NOV-2009

01:03

Created by

COPY 1 - KEEP WITH PROPERTY

Printed by:

19-JAN-2012 11:19

100 # 1050684

Attachment # 10

E & R.P.S USE ONLY

MY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED ALL PROPERTY DESCRIBED ON THE APPLICATION LINES OF THIS INVENTORY AS SHOWN AT RIGHT.

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL
3770144	SIGNATURE ON FILE				
3770145	SIGNATURE ON FILE				

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION	OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INDICATE OR DOCKET NO.
	OUT					
	IN					
	OUT					
	IN					

IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO.	STATE	CITY FIREARMS REGISTRATION NO.	ILLINOIS FIREARM OWNERS I.D. NO.
	OTHER IDENTIFICATION (SPECIFY)		CLAIMANT'S SIGNATURE	
	E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.			

INV NO

PKG
NO.UNIT
005

INVENTORY NO.

DATE RECOVERED

17-NOV-2009

RD

RE-INVENTORY OF:

ITEM ID

QUANTITY

DESCRIPTION OF PROPERTY

1

TOOL / POWER, HAN : BLACK FLASHLIGHT

1

CLOTHING / FUR : PAIR OF GLOVES

MY SIGNATURE HEREON ACKNOWLEDGES
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENTS SIGNATURE

X

ADDRESS - STREET

CITY

STATE

ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT
XWATCH COMDR.'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)
X

COURT ORDER - DISPOSAL INSTRUCTIONS

COMMENTS:

\$ DEPOSITED AMT

\$ INVENTORY AMT

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

Court Date 24-NOV-2009

Court Branch 38-2

CURRENCY:

IUCR: 0610 BURGLARY FORCIBLE ENTRY

STATE CHARGES: 720 ILCS 5.0/18-1-A

CHARGE TYPE: FELONY

INCHOATE: OFFENSE AS CITED

RECOVERED/SEIZED FROM - NAME

☐ DECEASED ☒ ARRESTED

BEAT OF RECOVERY

423

OWNER'S NAME

ADDRESS

TELEPHONE NO.

7737343097

JUDGE

CT.BR.

FOUND BY - NAME ONEILL, KEVIN Star: 8954

ADDRESS

TELEPHONE NO.

☒ CHECK IF
C.P.D.

OFFICER'S SIGNATURE - STAR UNIT

X

CHECK ONE

☒ HOLD FOR INVESTIGATION
AND/OR EVIDENCE INVESTIGATING OFFICER -
KINNEY, PATRICK
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

STAR NO.

12614

UNIT

212

1st OFFICER'S NAME

KINNEY, PATRICK

STAR NO.

12614

☐ PROPERTY AVAILABLE FOR RETURN TO
OWNER

SIGNATURE

Electronic Approval

UNIT

212

☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

ONEILL, KEVIN

STAR NO.

8954

INITIAL DESTINATION OF PROPERTY:
ERPS

SIGNATURE

Electronic Approval

UNIT

212

VIA ☒ POLICE MAIL☐ RECOVERING UNIT PERSONNEL

APPROVING DESK SERGEANT

STAR NO.

2328

DATE

18-NOV-2009

TIME

01:02

☐ PICKUP ☐ EVID./LAB TECHNICIAN

WALKER, TOMMY

Cres

COPY 1 - KEEP WITH PROPERTY

Printed by:

JAN-2012 11:15

MY SIGNATURE ACKNOWLEDGES THAT I HAVE RECEIVED ALL PROPERTY DESCRIBED ON THE APPLICATION FORMS OF THIS INVENTORY AS SHOWN AT RIGHT.

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION	OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INCIDENT OR DOCKET NO.
	OUT					
	IN					
	OUT					
	IN					
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO. STATE		CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)		CLAIMANT'S SIGNATURE			
			E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.			

DATE RECOVERED

17-NOV-2009

RD

RE-INVENTORY OF:

ITEM ID QUANTITY

DESCRIPTION OF PROPERTY

1 PRISONER PERSONAL : BLACK WALLET

1 PRISONER PERSONAL : BROWN WALLET

1 PRISONER PERSONAL : BICYCLE CHAIN

MY SIGNATURE HEREON ACKNOWLEDGES
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENTS SIGNATURE

X

ADDRESS - STREET

CITY

STATE

ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

X

WATCH CMDR.'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)

X

COURT ORDER - DISPOSAL INSTRUCTIONS

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

Court Date 24-NOV-2009

Court Branch 38-2

CURRENCY:

IUCR: 0610 BURGLARY FORCIBLE ENTRY

CHARGE TYPE: FELONY

STATE CHARGES: 720 ILCS 5.0/19-1-A

INCHOATE: OFFENSE AS CITED

RECOVERED/SEIZED FROM - NAME

☐ DECEASED ☒ ARRESTEDBEAT OF RECOVERY
423

OWNER'S NAME

ADDRESS

TELEPHONE NO.

JUDGE

CT.BR.

FOUND BY - NAME ONEILL, KEVIN Star: 8954

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

X

CHECK ONE

☐ HOLD FOR INVESTIGATION
AND/OR EVIDENCE
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

INVESTIGATING OFFICER -

STAR NO.

UNIT

1st OFFICER'S NAME
KINNEY, PATRICKSTAR NO.
12814☒ PROPERTY AVAILABLE FOR RETURN TO
OWNERSIGNATURE
Electronic ApprovalUNIT
212☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)2nd OFFICER'S NAME
ONEILL, KEVINSTAR NO.
8954INITIAL DESTINATION OF PROPERTY:
ERPSSIGNATURE
Electronic ApprovalUNIT
212VIA ☒ POLICE MAIL☐ RECOVERING UNIT PERSONNEL☐ EVID./LAB TECHNICIANAPPROVING DESK SERGEANT
WALKER, TOMMYSTAR NO.
2328DATE
18-NOV-2009TIME
01:02

E & R.P.S USE ONLY

COPY 1 - KEEP WITH PROPERTY

Printed by -2012 11:16

MY SIGNATURE ACKNOWLEDGES THAT I HAVE
 RECEIVED ALL PROPERTY DESCRIBED ON THE
 APPLICATION F I LINES OF THIS INVENTORY AS
 SHOWN AT RIGHT.

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL
3770150	SIGNATURE ON FILE				
3770151	SIGNATURE ON FILE				
3770152	SIGNATURE ON FILE				

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION	OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INCIDENT OR DOCKET NO.
	OUT					
	IN					
	OUT					
	IN					
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO. STATE		CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)		CLAIMANT'S SIGNATURE			
			E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.			

DATE RECOVERED

17-NOV-2009

RD

RE-INVENTORY OF:

ITEM ID QUANTITY

DESCRIPTION OF PROPERTY

3770168 1 TOOL / POWER, HAN : CRAFTSMAN FLATHEAD SCREWDRIVER

COMMENTS:

Court Date 24-NOV-2009

Court Branch 38-2

CURRENCY:

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY.

IUCR: 0610 BURGLARY FORCIBLE ENTRY

STATE CHARGES: 720 ILCS 5.0/19-1-A

CHARGE TYPE: FELONY

INCHOATE: OFFENSE AS CITED

RECOVERED/SEIZED FROM - NAME

☐ DECEASED ☒ ARRESTEDBEAT OF RECOVERY
423

OWNER'S NAME

ADDRESS

TELEPHONE NO.

JUDGE

CT.BR.

FOUND BY - NAME KINNEY, PATRICK Star: 12614

ADDRESS

TELEPHONE NO.

☒ CHECK IF
C.P.D.OFFICER'S SIGNATURE - STAR UNIT
X

CHECK ONE

☒ HOLD FOR INVESTIGATION
AND/OR EVIDENCE INVESTIGATING OFFICER -
KINNEY, PATRICK
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)STAR NO. UNIT
12614 2121st OFFICER'S NAME
KINNEY, PATRICKSTAR NO.
12614☐ PROPERTY AVAILABLE FOR RETURN TO
OWNERSIGNATURE
Electronic ApprovalUNIT
212☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)2nd OFFICER'S NAME
ONEILL, KEVINSTAR NO.
8954INITIAL DESTINATION OF PROPERTY:
ERPSSIGNATURE
Electronic ApprovalUNIT
212VIA ☒ POLICE MAIL ☐ RECOVERING UNIT PERSONNEL
☐ KUP ☐ EVID./LAB TECHNICIAN APPROVING DESK SERGEANT
WALKER, TOMMYSTAR NO.
2328DATE
18-NOV-2009TIME
01:04

Created

COPY 1 - KEEP WITH PROPERTY

Printed 9-JAN-2012 11:17

MY SIGNATURE ACKNOWLEDGES THAT I HAVE
RECEIVED ALL PROPERTY DESCRIBED ON THIS
APPLICATION FORMS OF THIS INVENTORY AS
SHOWN AT RIGHT.

LINE	OWNER'S SIGNATURE	OWNER'S ADDRESS	DATE RECEIVED	OFFICER MAKING TURN-OVER SIGNATURE & STAR NO.	WATCH COMMANDER'S APPROVAL
3770168					

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

DATE	E. & R.P.S. OFFICER'S SIGNATURE CONFIRMATION	OFFICER'S SIGNATURE ATTESTS RECEIVING OR RETURNING ALL LISTED PROPERTY	STAR NO.	UNIT	CONTINUANCE DATE & REMARKS	INVENTORY OR DOCKET NO.
	OUT					
	IN					
	OUT					
	IN					
IDENTIFICATION VERIFICATION	VALID DRIVERS LICENSE NO. STATE		CITY FIREARMS REGISTRATION NO.		ILLINOIS FIREARM OWNERS I.D. NO.	
	OTHER IDENTIFICATION (SPECIFY)		CLAIMANT'S SIGNATURE			
			E. & R.P.S. OFFICER'S SIGNATURE - STAR NO.			

CHICAGO POLICE DEPARTMENT
CRIME SCENE PROCESSING REPORT
3510 South Michigan Avenue
Chicago, Illinois 60653
(for use by Chicago Police Department Personnel Only)



Report No.:
Incident:
Event No.:
Status: **APPROVED**

Report No.: Unit Assigned (Beat): **5823** ME No.:

IUCR: **0610 BURGLARY FORCIBLE ENTRY**

Assignment Type: **PHOTO REQUEST** Requested By **42G72D**

No Service: **NO** ERT Assignment: **NO** Secured: **NO**

Date / Time Received: **17-NOV-2009 23:15** Arrived: **17-NOV-2009 23:36** Completed: **18-NOV-2009 01:29**

Address of Service: **BEAT: 0423**

Address of Incident: **BEAT: 0423**

Associated Incidents

Investigating Officers and Technicians

Evidence Technician **LEFLORE, KENNETH** Star No: **17774** Unit: **477**

Officer **KINNEY, PATRICK** Star No: **12614** Unit: **212**

Officer **ONEILL, KEVIN** Star No: **8954** Unit: **212**

Involved People

Name	Sex	Race	Age	D.o.B.	IR No.	CB No.
Victim		MALE BLACK	30	11-MAY-1979		

Inventories

None

Inventory Items

None

Firearms

None

Crime Scene Photos

Crime Scene Video Exists **NO**

Photo Type	Media Type	Scale Used	Photo Description
OVERALL	DIGITAL		FRONT OF GARAGE@
BOTH (OVERALL/CLOSE UP)	DIGITAL		VACCUME, AND AIR PUMP ON ALLEY PAVEMENT IN FRONT OF GARAGE
OVERALL	DIGITAL		REAR OF GARAGE @
OVERALL	DIGITAL		REAR SIDE OF GARAGE FACING EAST
BOTH (OVERALL/CLOSE UP)	DIGITAL		PRY MARKS ON DOOR
BOTH (OVERALL/CLOSE UP)	DIGITAL		PRY MARKS ON DOOR FRAME
BOTH (OVERALL/CLOSE UP)	DIGITAL		IDENT OF SGT. MCCLELLAND, WILLIAM # 1420 M/2/41
BOTH (OVERALL/CLOSE UP)	DIGITAL		SGT. MCCLELLAND, WILLIAM # 1420 HANDS
BOTH (OVERALL/CLOSE UP)	DIGITAL		SGT. MCCLELLAND, WILLIAM # 1420 LEFT KNEE

LOG # 1050684
Attachment # 11

12/14/2011

CPD 0060838

Involved Vehicles

None

Narrative

R/ET RESPONDED TO ABOVE LOCATION FOR BURGLARY PHOTO REQUEST. P.O.E. SIDE GARAGE DOOR. R/ET TOOK PHOTOS OF SCENE AND, THEN RELOCATED TO AREA 2 AND TOOK PHOTOS OF SGT. MCCLELLAND, WILLIAM # 1420 .

Submitted by **LEFLORE KENNETH** Star No **17774** on **18-NOV-2009 01:29**

Approved by **GREER CHERYL** Star No **1516** on **18-NOV-2009 03:47**

[REDACTED]
1/14/2011


CPD 0060839

REQUEST FOR CRIME SCENE / EVIDENCE PHOTOGRAPHS

Forensic Services - Photography Section

Chicago Police Department

INSTRUCTIONS: COMPLETE ALL APPLICABLE BOXES AND FORWARD
UNIT 177 - FORENSIC PHOTOGRAPHY SECTION

REQUESTED BY - NAME <i>LUKAS, Jim</i>		STAR No. <i>117</i>	UNIT OF ASSIGNMENT <i>113 IPRA</i>	BELL/PAX <i>0114</i>
RECORDS DIVISION No. 	LOG No. / CR No.	RELATED No.	TYPE OF CASE / CRIME	
DATE OF CRIME / INCIDENT <i>17 NOV 2009</i>	DATE PHOTOS WERE TAKEN <i>BEFORE TO BE 17 NOV 09</i>	DEPT. MEMBER WHO TOOK PHOTOS (IF KNOWN) <i>LE FLORE, #17774</i> <i>BEAT 5823</i>		
REASON FOR REQUEST <input type="checkbox"/> EVIDENCE IN COURT <input checked="" type="checkbox"/> INVESTIGATION <input type="checkbox"/> OTHER (EXPLAIN) <i>NEED 2 SETS PLEASE</i>				

APPROVED BY - (SIGNATURE OF REQUESTER'S UNIT COMMANDING OFFICER) <i>Bruce Dean</i>	STAR No. <i>016</i>	DATE <i>14 Dec 11</i>
---	------------------------	--------------------------

TO BE COMPLETED BY THE FORENSIC PHOTOGRAPHY SECTION

<input type="checkbox"/> REQUEST PROCESSED	
<input type="checkbox"/> REQUEST DENIED	
<input type="checkbox"/> NO RECORD ON FILE	

CPD-33.713 (Rev. 8/07)

LOG # *1050684*
Attachment # *18*

PHOTOGRAPHIC EVIDENCE COVERSHEET

DATE TAKEN: 17 Nov 09

TAKEN BY: P.O. LeFlore #17774
Garage 2

PHOTOGRAPH(S) OF: 

RECORDED UNDER

RD#/LOG#: 

TOTAL# OF PHOTOGRAPHS IN
GROUP: 16

Log# 1050684
Att# 13

OFFENSE / INCIDENT

Burglary

DATE & TIME PHOTOS TAKEN

17 Nov 09 2336

PHOTOGRAPHER'S NAME

STAR NO. UNIT

K. LEFLORE

17774 477

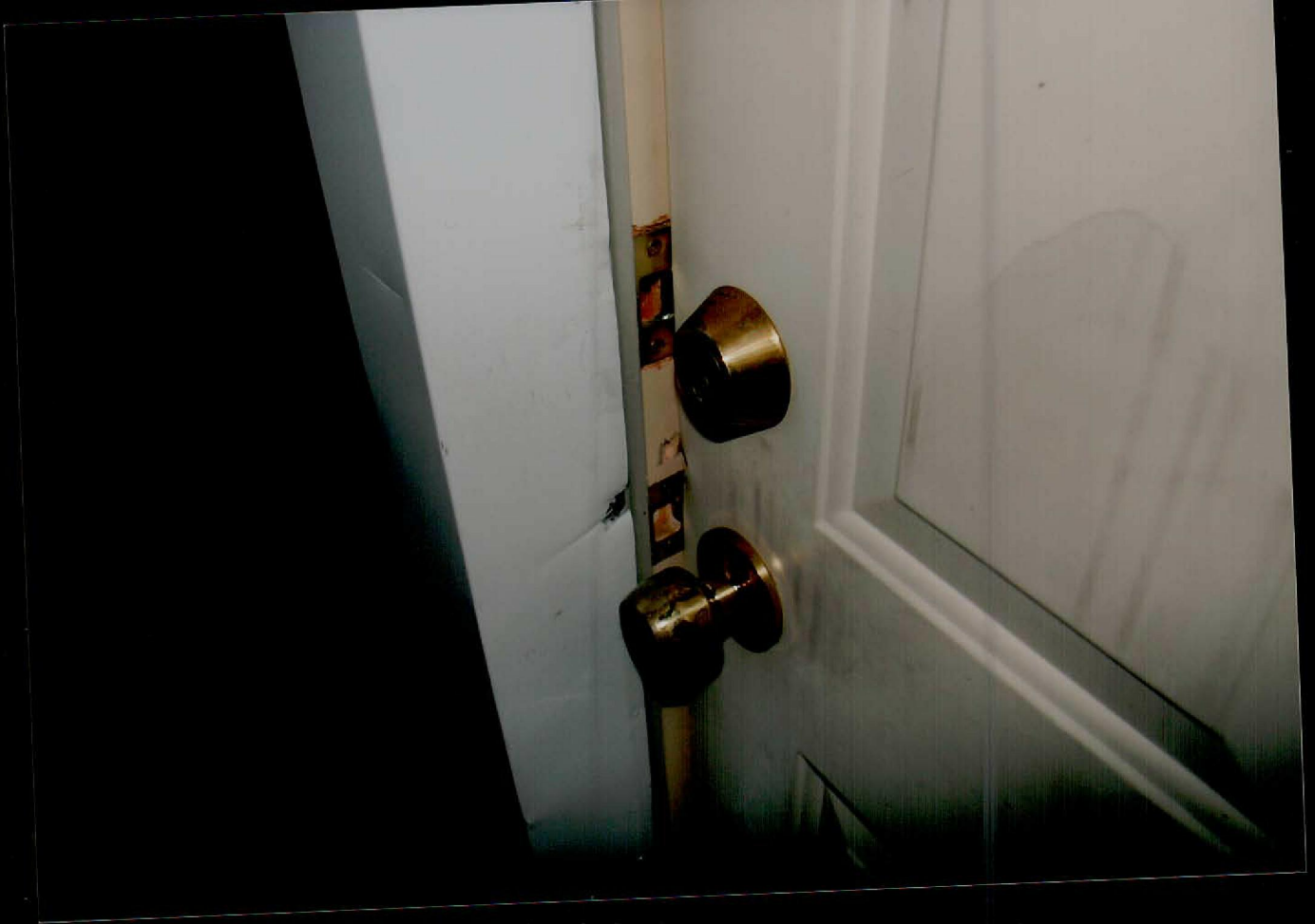
CPD-33.715 (1/85)

PHOTO IDENTIFICATION CARD



















PHOTOGRAPHIC EVIDENCE COVERSHEET

DATE TAKEN: 17 Nov 09

TAKEN BY: P.O. LeFlore #17774

PHOTOGRAPH(S) OF: Sgt. William McClelland

RECORDED UNDER

RD#/LOG#: [REDACTED]

TOTAL# OF PHOTOGRAPHS IN
GROUP: 7

Log# 1050684
Att# 14















UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

CASE NUMBER: [REDACTED]

V.

ASSIGNED JUDGE: George W. Lindberg

CITY OF CHICAGO AND CHICAGO POLICE OFFICERS
SERGEANT WILLIAM McCLELLAND, STAR NO. 1420;
PATROL OFFICER P. KINNEY, STAR NO. 12614; AND
PATROL OFFICER K. O'NEIL, STAR NO. 8954

DESIGNATED
MAGISTRATE JUDGE:

TO: (Name and address of Defendant)

Patrol Officer P. Kinney, Star No. 12614
Chicago Police Department
Office of Legal Affairs
Subpoena Section
3510 S. Michigan Avenue
Chicago, Illinois 60653

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

[REDACTED]

an answer to the complaint which is herewith served upon you, within 21 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

MICHAEL W. DOBBINS, CLERK

LOG # 1050684
Attachment # 15

MICHAEL W. DOBBINS, CLERK

(By)

Nadine Shirley

(By) DEPUTY CLERK



DATE

November 17, 2011

DATE

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE <u>11-17-11</u>
NAME OF SERVER (PRINT) <u>SHIRBY DAVIS</u>	TITLE <u>PROCESS SERVER</u>
Check one box below to indicate appropriate method of service	

☐ Served personally upon the defendant. Place where served: _____

☒ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: Officer Jamison #17154

☐ Returned unexecuted: _____

☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

11-17-11

Date

Signature of Server

25 E. Washington #1217

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

Y.

No.

Defendants.

Plaintiff, [REDACTED], by and through his attorney

2. This Court has jurisdiction of said action pursuant to 28 §§U.S.C. 1331 and 1367.
3. Venue is proper under 28 U.S.C. § 1391(b). All parties reside in this judicial district and the events which these claims arised and asserted, herein, occurred within this district.

PARTIES

4. Plaintiff, [REDACTED] hereinafter ("Anderson"), at all times relevant was a resident of the City of Chicago, Cook County, Illinois.
5. At all times relevant Defendants Sergeant William McClelland, P. Kinney, and K. O'Neil are all Chicago Police Officers.
6. At all times relevant to this Complaint, Defendant Officers acted under color of law as police officers of the City of Chicago and acted within the scope of their employment.
7. Defendant City of Chicago, hereinafter ("City") is an Illinois municipal corporation which operates the Chicago Police Department, hereinafter ("CPD").

FACTS

8. On November 11, 2009 at approximately 11:00 p.m., Chicago Police Sergeant William McClelland, hereinafter ("McClelland") arrived on the scene at [REDACTED] to investigate criminal activity.
9. McClelland and Chicago Police Officer P. Kinney, hereinafter ("Kinney"), on foot, apprehended, detained and arrested [REDACTED] while K. O'Neil, hereinafter ("O'Neil") participated by following the officers in a CPD police car.
10. Prior to his arrest [REDACTED] was tackled to the ground by McClelland and Kinney. McClelland and/or Kinney brutally struck [REDACTED] about his face with an unknown object resulting in [REDACTED] receiving contusions around his face and mouth.
11. [REDACTED] was arrested and transported to the local (CPD) local district where he requested medical treatment for his injuries from the officers blows.

12. [REDACTED] received a hole in his jaw, fractured nose, and broken teeth.
13. On November 18, 2011 between 12:00 and 1:00 a.m., CPD officers transported [REDACTED] to [REDACTED] hereinafter ("Hospital").
14. Upon arrival, the Hospital's emergency physician diagnosed [REDACTED] as having contusions to the jaw and a fracture nose.

COUNT I - 42 U.S.C. §1983
EXCESSIVE FORCE

15. Paragraphs 1 through 14 are incorporated herein by reference as though fully set forth as paragraph 15 of Count I.
16. The preceding paragraphs the conduct of Defendant Police Officers McClelland, Kinney and O'Neil toward [REDACTED] constitutes excessive force in violation of 42 U.S.C. § 1983.
17. The conduct of the Defendant Police Officers McClelland, Kinney and O'Neil were objectively unreasonable and excessively volatile.
18. [REDACTED] was deprived of his rights guaranteed under the Fourth and Fourteenth Amendments of the United States Constitution.
19. The conduct described in this Count occurred while Defendant Police Officers within the scope of their employment, and their employer, City of Chicago is liable for their actions.

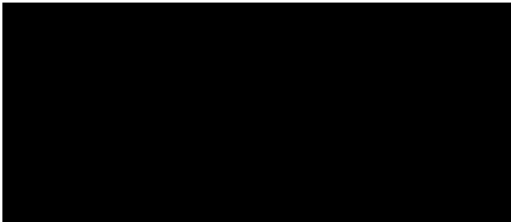
WHEREFORE, [REDACTED], prays for judgment in his favor against Defendant City of Chicago, Chicago Police Sergeant William McClelland, Star No. 1420; Chicago Patrol Officers P. Kinney, Star No. 12614 and K. O'Neil, Star No. 8954 for Violation of his constitutional rights and request that this Honorable Court:

- A. Award compensatory damages to Plaintiff against the Defendants, jointly and severally.
- B. Award cost of this action to the Plaintiff.
- C. Award reasonable attorney's fees and cost to the Plaintiff.
- D. Award such other and further relief as this Court may deem appropriate.

PLAINTIFF DEMAND TRIAL BY JURY

Respectfully submitted,

/s/ [REDACTED]
One of Plaintiff's Attorneys



**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION
CITY OF CHICAGO - INDEPENDENT POLICE REVIEW AUTHORITY**

TO: [REDACTED] DATE: 08 May 2013
(Name of institution, individual or department)

RE: Log # 1050684 [REDACTED] [REDACTED] DOB:
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. §1320(d) et seq. (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [REDACTED]
Birth Date: [REDACTED]
Address: [REDACTED]
Social Security Number: [REDACTED]

Date of Treatment: On or about 18 Nov 2009

In accordance with 45 C.F.R. §164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

Veronica J. Messenger
(Signature of Requestor)

Veronica J. Messenger
(Name of Requestor) (Please Print)

312 746-3609 ext. 1017
(Telephone Number of Requestor)

LOG # 1050684

Attachment # 16



City of Chicago
Rahm Emanuel, Mayor

Independent Police Review Authority

Ilana B. R. Rosenzweig

Chief Administrator

1615 W. Chicago Av., 4th fl
Chicago, Illinois 60622
(312) 746-3594 (Complaint line)
(312) 746-3609 (General)
(312) 746-3591 (FAX)
(312) 746-3593 (TTY)

www.iprachicago.org

14 May 2013
Via Certified Mail

Reference: LOG# 1050684

Client: [REDACTED]

Dear [REDACTED]

The Independent Police Review Authority (IPRA) is conducting an investigation into the allegations of misconduct against members of the Chicago Police Department. Our office was informed that you have been retained to represent the above listed individual.

I have left messages at your office to inform you that I have been assigned as the investigator for the above-mentioned Log Number. To conduct a thorough investigation, it will be necessary for me to interview your client and any witnesses to the alleged misconduct. I am requesting your permission to interview your client and obtain additional information regarding any and all medical treatments received. Please be advised that your client will be asked to sign the Sworn Affidavit as required by the Illinois Uniform Peace Officers Disciplinary Act. It would also assist the investigation if you can provide me with a copy of any relevant documents in your possession.

If I do not hear from you by 21 May 2013, this case will be closed and may be re-opened when you decide to allow your client to be interviewed by our office.

Please contact me upon receipt of this letter at (312) 746-3609, ext. 1017. You may reach me between 9:00 a.m. and 5:00 p.m.

Veronica Messenger #108
Inv. Veronica Messenger, #108



LOG # 1050684

Attachment # 17



ROSELAND COMMUNITY HOSPITAL
REGISTRATION/FACE SHEET

COPY

PATIENT INFORMATION

P Patient Name	[REDACTED]		MI	Birthdate	[REDACTED]
A Patient Account#	[REDACTED]	Medical Record#	[REDACTED]	Patient Age	43 Y
T Patient Address	[REDACTED]	Admt/Reg Date	11/18/2009	Admt/Reg Time	23:36
I Address #2	[REDACTED]	City	[REDACTED]	Discharge Date	[REDACTED]
E State IL Zip Code	[REDACTED]	Patient Phone #	[REDACTED]	Discharge Time	[REDACTED]
N Patient SS#	[REDACTED]	Race E Sex M Marital Status S	Religion NONE	Room/Bed #	[REDACTED]
T Maiden Name/AKA	[REDACTED]	Financial Class	CAID		
Special Patient Indicator	[REDACTED]				
Service	[REDACTED]	Accom code	[REDACTED]	Patient Type E	Patient Subtype EDS
Service	Advance Directives	NO LIVING WILL & NO DPOA			
Admission within last 60 Days? N	Registrar	[REDACTED]	Admitting Physician		
Date of last admission if within 60 days			Referring Physician		
Attending Physician Last Admission			Attending Physician	MITCHELL, LARRY	
Repeat of N			HR Physician	MITCHELL, LARRY	
Patient's Statement/Complaint/Diagnosis	[REDACTED]				

EMERGENCY CONTACT

Emer:	[REDACTED]	Address	[REDACTED]	City	[REDACTED]	State	[REDACTED]
Phone#	[REDACTED]	Relationship to patient	MOTHER	Zip	[REDACTED]		

GUARANTOR INFORMATION

G Guarantor Name	[REDACTED]	Address	[REDACTED]	City	[REDACTED]
D Zip	[REDACTED]	SS#	[REDACTED]	Phone	[REDACTED]
A Employer	UNEMPLOYED	Address	[REDACTED]	Address #2	[REDACTED]
R City	[REDACTED]	State	[REDACTED]	Phone	[REDACTED]
A Employer2	[REDACTED]	Address	[REDACTED]	Address #2	[REDACTED]
N City	[REDACTED]	State	[REDACTED]	Phone	[REDACTED]

INSURANCE INFORMATION

PRIMARY		SECONDARY		TERTIARY	
Ins Name	ILLINOIS MEDICAID	Ins Name	[REDACTED]	Ins Name	[REDACTED]
Cert #	[REDACTED]	Cert #	[REDACTED]	Cert #	[REDACTED]
Ident #	[REDACTED]	Ident #	[REDACTED]	Ident #	[REDACTED]
Group #	[REDACTED]	Group #	[REDACTED]	Group #	[REDACTED]
Address	[REDACTED]	Address	[REDACTED]	Address	[REDACTED]
City	[REDACTED]	City	[REDACTED]	City	[REDACTED]
State	[REDACTED]	State	[REDACTED]	State	[REDACTED]
Phone	[REDACTED]	Phone	[REDACTED]	Phone	[REDACTED]
Relation	PATIENT	Relation	[REDACTED]	Relation	[REDACTED]

LOG # 1050684
Attachment # 18

ROSELAND COMMUNITY HOSPITAL REGISTRATION/FACE SHEET

PATIENT INSURANCE INFORMATION

Patient Name [REDACTED] MI		Birthdate [REDACTED]																														
Patient Account# [REDACTED]	Medical Records# [REDACTED]	Patient Age 44 Y																														
Patient Address [REDACTED]	Admt/Reg Date 11/18/2009	Admt/Reg Time 21:36																														
Address #2 [REDACTED] City [REDACTED]	Discharge Date [REDACTED]	Discharge Time [REDACTED]																														
State IL Zip Code [REDACTED]	Patient Phone # [REDACTED]	Religion NONE																														
Patient SSN [REDACTED]	Race B Sex M Marital Status S																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">PRIMARY</th> <th style="width: 33%;">SECONDARY</th> <th style="width: 33%;">TERTIARY</th> </tr> </thead> <tbody> <tr> <td>Ins Name ILLINOIS MEDICAID</td> <td>Ins Name [REDACTED]</td> <td>Ins Name [REDACTED]</td> </tr> <tr> <td>Cert # [REDACTED]</td> <td>Cert # [REDACTED]</td> <td>Cert # [REDACTED]</td> </tr> <tr> <td>Ident # [REDACTED]</td> <td>Ident # [REDACTED]</td> <td>Ident # [REDACTED]</td> </tr> <tr> <td>Group # [REDACTED]</td> <td>Group # [REDACTED]</td> <td>Group # [REDACTED]</td> </tr> <tr> <td>Address [REDACTED]</td> <td>Address [REDACTED]</td> <td>Address [REDACTED]</td> </tr> <tr> <td>City [REDACTED]</td> <td>City [REDACTED]</td> <td>City [REDACTED]</td> </tr> <tr> <td>State [REDACTED]</td> <td>State [REDACTED] Zip Code 00000</td> <td>State [REDACTED] Zip Code 00000</td> </tr> <tr> <td>Phone [REDACTED]</td> <td>Phone [REDACTED]</td> <td>Phone [REDACTED]</td> </tr> <tr> <td>Relation PATIENT</td> <td>Relation [REDACTED]</td> <td>Relation [REDACTED]</td> </tr> </tbody> </table>		PRIMARY	SECONDARY	TERTIARY	Ins Name ILLINOIS MEDICAID	Ins Name [REDACTED]	Ins Name [REDACTED]	Cert # [REDACTED]	Cert # [REDACTED]	Cert # [REDACTED]	Ident # [REDACTED]	Ident # [REDACTED]	Ident # [REDACTED]	Group # [REDACTED]	Group # [REDACTED]	Group # [REDACTED]	Address [REDACTED]	Address [REDACTED]	Address [REDACTED]	City [REDACTED]	City [REDACTED]	City [REDACTED]	State [REDACTED]	State [REDACTED] Zip Code 00000	State [REDACTED] Zip Code 00000	Phone [REDACTED]	Phone [REDACTED]	Phone [REDACTED]	Relation PATIENT	Relation [REDACTED]	Relation [REDACTED]	
PRIMARY	SECONDARY	TERTIARY																														
Ins Name ILLINOIS MEDICAID	Ins Name [REDACTED]	Ins Name [REDACTED]																														
Cert # [REDACTED]	Cert # [REDACTED]	Cert # [REDACTED]																														
Ident # [REDACTED]	Ident # [REDACTED]	Ident # [REDACTED]																														
Group # [REDACTED]	Group # [REDACTED]	Group # [REDACTED]																														
Address [REDACTED]	Address [REDACTED]	Address [REDACTED]																														
City [REDACTED]	City [REDACTED]	City [REDACTED]																														
State [REDACTED]	State [REDACTED] Zip Code 00000	State [REDACTED] Zip Code 00000																														
Phone [REDACTED]	Phone [REDACTED]	Phone [REDACTED]																														
Relation PATIENT	Relation [REDACTED]	Relation [REDACTED]																														

GUARANTOR INFORMATION

G Name [REDACTED]	City [REDACTED]
U Zip [REDACTED] SSN [REDACTED]	Relation PATIENT
A Employer UNEMPLOYED	Address #2 [REDACTED]
R City [REDACTED] State [REDACTED] Zip 00000	Phone [REDACTED]

PRINCIPAL DIAGNOSIS - (This admission, Please list one only.)

OTHER DIAGNOSIS(ES)

OPERATIONS/PROCEDURES (Please list dates of operations/procedures.)

PHYSICIAN CERTIFICATION: "I certify that the narrative descriptions of the principal and secondary diagnoses and the operations/procedures performed are accurate and complete to the best of my knowledge as listed above."

Physician's signature

Date

HOSPITAL POLICY REGARDING PATIENT BELONGINGS, ADVANCE DIRECTIVES, CONSENT FOR DIAGNOSTIC PROCEDURE/TREATMENT, HOSPITAL CARE, ASSIGNMENT OF BENEFITS, RELEASE OF INFORMATION, RESPONSIBILITY FOR PAYMENT.

STATEMENT OF HOSPITAL POLICY ON PATIENT BELONGINGS: I assume full responsibility for all personal property/valuables, which include eyeglasses, denture(s), etc., that I choose to keep in my room during my stay at the hospital. I understand that the hospital has vaults for safekeeping of jewelry and currency in excess of \$5,000 and does not accept responsibility for personal property/valuables not deposited in the hospital's safe.

STATEMENT OF HOSPITAL POLICY ON ADVANCE DIRECTIVES: It is the Hospital's policy, consistent with Illinois law, to respect an individual's right to make decisions concerning medical care, including the right to accept or refuse medical treatment and execute "advance directives" (Living Will and/or Durable Power of Attorney for Health Care). I understand that I may request further information and assistance concerning advance directives during my hospitalization. I have been provided a written statement describing Illinois law on advance directives.

AUTHORIZATION FOR DIAGNOSTIC PROCEDURE/TREATMENT: I hereby give permission to Roseland Community Hospital, its staff, agents and employees to administer any treatment which may be deemed necessary and advisable for the diagnosis and treatment of the patient named below. I understand that the patient is under the control of the attending physician, and, I further understand that the physician is responsible for determining the course of treatment. I am aware that the practice of medicine, surgery, or drug therapy is not an exact science and I, therefore, acknowledge and state that the results of treatment are not guaranteed or promised to me.

DATE: _____

AUTHORIZATION FOR ASSIGNMENT OF BENEFITS: In consideration of services rendered and to be rendered by the above-named hospital, independent physicians or physician groups, I hereby authorize payment directly to the respective party expense benefits otherwise payable to me, but not to exceed the provider of service's regular charges for this period of hospitalization. I understand that I am financially responsible to these providers for the charges not covered by my insurance.

ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the hospital to release or reproduce in copy form, any and all information requested by my insurance carrier, health maintenance organization, or any similar entity responsible for payment of services rendered; or, to any reviewing organization acting on behalf of such carrier or organization, for purposes of verifying services rendered; or, for reviewing the utilization or the quality of services received as a patient at this hospital. I fully understand that this authorization may include information regarding medical, surgical, psychiatric, psychological records, medications, and such treatments for alcohol or drug abuse, records of HLTV-III or HIV testing (AIDS test) and treatment. I further authorize any such insurer directly to pay, and ROSELAND COMMUNITY HOSPITAL directly to receive any payments for hospital charges resulting from this hospitalization. I fully understand that I remain personally liable for any hospital charges not paid by such insurer.

RESPONSIBILITY FOR PAYMENT/GUARANTOR'S AGREEMENT: I agree to pay for services rendered and to be rendered by the hospital. I have been informed and understand that the physician(s) providing services to me at Roseland Community Hospital, such as my personal physician(s), emergency department physician(s), radiologist(s), pathologist(s), anesthesiologist(s), consulting physician(s), surgeon(s) and other health care providers, are independent contractors and are not employees or agents of this hospital. I understand that the radiologists, anesthesiologists, consulting physicians and surgeons will bill me separately for his/her services. I certify that I have read and understand the foregoing terms of this agreement.



Roseland
Community Hospital

45 West 111th Street Chicago, Illinois 60628 (773) 985-3000

AUTHORIZATION AND CONSENT

Address: _____
Signature: _____



45 West 111th St
Chicago, IL 60628

Emergency Department Nursing Record

PMH: Symptoms: HTN DM Cancer HIV Thyroid Anemia High lipids Seizure CVA Seizures
Heart MI Angina CHF CAD AHA Lungs COPD Asthma GI PUD GERD Liver
GU UTI's Stones MS Anemia Psych Depression Anxiety Schizophrenia None
Operations: Immunizations: Tetanus: DTD >5 years Unknown MMR
Other: None

SH: Smoke: Cocaine Past Second-hand Never
ETOH: Cocaine Abuse Alcoholic None Illicit drugs: None
Lives with: Mom Dad Spouse Family SO Alone
Lives in: Home Assisted care Homeless Barracks

10517477 11/18/2009

M 43Y 3

E EMERGENCY DEPARTMENT SVS

CC:

Date: 11/18/09 Time: 22:50
Return visit: Same day Within 72 hours

Medications: Chronic Reconciliation Form on chart

Allergies: NKDA Latex PCN - Swelling to throat

TRIAGE:

Prehospital: ☐ See EMS report C-collar Backboard IV Meds
Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter
Mode of arrival: Walk in Wheelchair Friends Attendant Ambulance Helicopter Police
Constitutional: Alert Well-appearing Ill-appearing Confused Poorly responsive
Timing: Onset 6 hrs ago
Context: Symptoms: Faintness Syncope Near syncope Vertigo Tinnitus Imbalance
Weak Numb Difficult speech Change of vision
Symptoms are: Present now Resolved
Location: Generalized R L sided Arm Leg Facial
Context: History of: CVA TIA MI GI bleed Anemia DM Electrolyte disorder None
Other triage history: None

VITAL SIGNS

BP	P	RR	Temp
Pain (0-10)	O2 Sat	RA	O2
Wt	Lbs	Kg	

INTERVENTIONS

TRIAGE ACUITY

1 2 3 4 5

Room: 2 Time to Room: 22:50

Triage Nurse Sign: None

PRIMARY ASSESSMENT:

Assessment Time: 22:50

☐ Triage assessment reviewed
Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter
Constitutional: Alert Well-appearing Ill-appearing Confused ETOH
Eyes: Pupils: PEARL R L Bil Fixed Dilated Sluggish Unequal
Respiratory: R L Bil Generalized Superior Inferior Breath sounds: Diminished Normal
CV: Tachycardia Bradycardia Irregular Normal
Neurologic: Oriented to Time Person Place Not oriented Unable to test Normal
Psychiatric: Anxiety Depression Agitation Normal
Associated signs and symptoms: None
Fever Headache Chest pain Palpitations N V GI bleed

Pain Scale

Subjective: 1
Severity: 0-10 NIPS
Quality:
☐ Aching ☐ Burning ☐ Dull
☐ Pressing ☐ Tingling ☐ Numb
☐ Sharp ☐ Throbbing ☐ Pulling
Duration: ☐ Constant ☐ Intermittent

Abuse Screening

Evidence of abuse / neglect
Y N Unwilling to answer

☐ Notification per protocol

Nutritional Screening

Have you had an unexpected weight gain or loss over 20 pounds in the last 6 months?
Y N Unwilling to answer

Functional Screening

Do you have trouble taking care of yourself - with feeding, dressing and / or bathing?
Y N Unwilling to answer

Initial Interventions: Interventions initiated prior to physician evaluation

☐ O2: None ☐ IV: None ☐ Monitor: None ☐ NR
☐ RKG: None ☐ Labs: None ☐ Cap Glucose: None ☐ Neb: None
☐ Splint(s): None Visual Acuity: OS None OD None OU None Other: None

Acuity Reassessment: 1 2 3 4 5 Time: 22:50 Init: None

Signature: None

SECONDARY ASSESSMENTS

Time	UP	P	RR	T	O2 Sat RA O2	Pain (0-10)	Rhythm	Status	INI
								NC 1 W	
								NC 1 W	
								NC 1 W	
								NC 1 W	
								NC 1 W	
								NC 1 W	
								NC 1 W	
								NC 1 W	

1/18/2009
M 43Y
EMERGENCY DEPARTMENT SVS

IV'S										
Time initiated	Solution, Additive or Medication	Amount or Dose	# IV Sticks	Site	Catheter size	Pump	Rate	By (ini)	Time DC'ed	Amount infused

MEDICATIONS							
Time initiated	Pain prior to med. 0-10	Medication	Amount / Dose	Route	Sec	Response / Pain (0-10)	By (ini)

Site code: 1. Deltoid 2. Chest 3. Anterior thigh 4. Lateral thigh 5. Anticubital fossa 6. Forearm 7. Hand 8. Foot 9. Neck 10. Intrathecal
Response key: E= Effective P= Partially Effective NE= Not Effective NR= No Reaction R= Resumes with additional notes in "Nurses Notes"

Time	NURSES NOTES									
3/3/22										

Caregiver #1	ini	Caregiver #2	ini
Caregiver #3	ini	Caregiver #4	ini

PATIENT/FAMILY EDUCATION		Bring Verbal Discharge instructions given to:	
<input type="checkbox"/> Church training	<input type="checkbox"/> Wound care	Patient	Parent
<input type="checkbox"/> Walker training	<input type="checkbox"/> Ortho care		
<input type="checkbox"/> Safety issues	<input type="checkbox"/> Foley care		
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Follow up care		

DISPOSITION	
Discharge: LWBS AMA Expired Admitted Transferred to: _____	<input type="checkbox"/> Transfer form completed
Verbalized with: Patient Family Friends Security Envelope # _____ Other _____	
Mode of departure: Walking Carried / Stroller Wheelchair Stretcher Auto Ambulance _____	
Condition: Pain: (0-10) NA Improved Stable No Change _____	
Report called by: _____	
Report called to: _____	

OTHER INTERVENTIONS	
Time / ini	SAFETY
	Bed in low position V N
	Side rails: x 1 2 V N
	Procedural pause N/A V N
	TRAUMA/ SURGICAL
	C-collar applied _____
	Ortho care _____
	Axe / Sling / Splint / Brace _____
	Shoulder immobilizer / Strapping _____
	Knee immobilizer / Sling _____
	Crotch education _____
	Wound care _____
	Topical anesthesia _____
	Wound prep _____
	Adhesive _____
	Suturing / Staple _____
	Burn care _____
	I and D _____
	CARDIOPULMONARY
	O2: _____ L NC Mask NRB
	Pulse ox: Spot Continuous _____
	EKG _____
	Cardiac Monitor _____
	Cap Glucose _____
	Repeat _____
	GI / PELVIC
	NG: Size _____
	Foley: Size _____
	Gastric lavage: NG Oral _____
	Pelvic exam _____
	EYE / ENT
	Topical anesthesia _____
	Eye irrigation _____ cc of _____
	Ear wax / FS removal _____
	Nasal FS removal _____
	Episiotomy control _____
	OTHER

Oral _____ cc	Urine _____ cc
IV _____ cc	NG _____ cc
Blood _____ cc	Blind _____ cc
Total _____ cc	Total _____ cc

NOTIFICATIONS	
Family: _____	
Nursing home: _____	
Pastor/care: _____	
CMI: _____	
Police: _____	
Social services: _____	
Other: _____	

Emergency Department Record

PMH: Symptoms HTN DM Cancer HIV Thyroid Anemia High lipids
Hx: MI Angina CHF CAD AFB Lung COPD Asthma
Gx: UTI's Stones MS Anemia Pn: Depression Anxiety
Operations: Appendectomy HTL Cholecystectomy PTCA CABG
Other: _____

Neuro: CVA Seizures
GI: PUD GERD Liver
Schizophrenia (None)
None

PH: No significant FHx
HTN DM Cancer Stroke
Heart Lung Liver Kidney
Aneurysm Congulopathy
Sudden death

Sx: Smoke: Cigarette Past Second-hand Never
ETOH: Alcohol Abuse Alcoholic None
Illicit drugs: _____ None
Lives with: Mom Dad Spouse Family SO Alone
Lives in: Home Assisted care Homeless Nursing H
Single Married Divorced Separated Widowed

E EMERGENCY DEPARTMENT

Medications: ☐ Reviewed NN

Allergies: ☐ Reviewed NN

CC: DIZZINESS or WEAKNESS

Time seen 2:30 PCP

HPI: PFSR Nurses notes reviewed

Source: Police Family Friend Guardian Nursing home Paramedic Police Interpreter
Mode of arrival: Walk in Wheelchair Friends Attendant Ambulance Helicopter Police
Timing: Onset 1 hr a.m. or Minutes Hours Days Weeks Months ago
Come on: Suddenly Gradually Symptoms are: Present now Resolved

Duration: Symptom: Since onset Intermittent or _____ Minutes Hours Days

Location: Weakness: Generalized R L sided Arm Leg Facial None

Context: Onset: At rest With light exertion With heavy exertion While asleep

Symptoms: Faintness Syncope Near syncope Vertigo Tinnitus Imbalance

Weak Numb Difficult speech Change of vision

On medication that could become toxic (specify): _____ None

History of: CVA TIA MI GI bleed Anemia DM Electrolyte disorder None

Severity: Bedridden Unable to do normal activities Does not affect activities

Modifying factors: Worsens: Change in position Turning head Nothing

Associated signs and symptoms: None

Fever Headache Chest pain Palpitations N V GI bleed

Other history:

PE: ☐ Reviewed on NN

Constitutional: Alc ETOH Ill-appearing Distress: None Mild Moderate Severe

Neck: Meningeal signs Tender R L Carotid bruits

Head: Trauma (specify):

Eyes: Pale conjunctiva Scleral icterus

Pupils: Unequal or OD _____ OS _____ mm EOM: Impaired Nystagmus

Fundus: R L Papilledema Hemorrhage Exudate

ENT: R L TAI: Red Bulging Dull Retracted Immobile Perforated Obscured

Respiratory: R L R/L Generalized Superior Inferior Breath sounds: Diminished

R L R/L Generalized Superior Inferior Wheezes Rales Rhonchi

CV: Tachycardia Bradycardia Irregular S3 S4 _____/VI Sys Dia Murmur

GI: Auscultation: Bruit Bowel sounds: Absent Increased Decreased High pitched

Palpation: Liver: Enlarged Spleen: Enlarged Mass: Pulsatile

Tenderness: Diffuse RUQ RLQ LUQ LLQ Epigastric Periumbilical Suprap

Mild Moderate Severe Rebound Guarding Rigidity

Rectal: Blood Tarry Fissure Hemorrhoids Impaction Mass

Guaiac: Positive Negative Controls reacted appropriately

Neurologic: Oriented to: Time Person Place Not oriented Unable to test

Memory: Impaired: Short-term Long-term Unable to test

CN: 2 3 4 5 6 7 8 9 10 11 12 deficit Unable to test

Motor function: R L Arm Leg Face Weak Unable to test

Cerebellar function: Tremor Fast-pointing Ataxia Unable to test

Reflexes: R Knee _____ Ankle _____ Biceps _____

L Knee _____ Ankle _____ Biceps _____

Psychiatric: Anxiety Depression Agitation

Other exam:

REVIEW OF SYSTEMS
Level 1-0 Level 2, 3-1 Level 4-2-9 Level 5-10

CONSTITUTIONAL: Fever Chills Weakness Fatigue
Loss of appetite

EYES: Blurred vision Diplopia Discharge
Pain Redness Photophobia

ENT: Ear: Pain Hearing loss
Nose: Congestion Bleeding
Throat: Pain Swelling

RESPIRATORY: Cough SOB Wheeze Hemoptysis

CV: Chest pain Palpitations Syncope
Edema Orthopnea PND

GI: Abdominal pain Constipation
Nausea Vomiting Diarrhea Melena

GIL: Dysuria Hematuria Frequency
Male: Discharge Testicular pain
Female: Discharge Bleeding Pregnant

NEUROLOGICAL: Headache Dizziness Seizure
Numbness Weakness

MUSCULOSKELETAL: Pain or swelling in:
R L Neck Chest wall Rib(s) Back
Shoulder Arm Elbow Forearm
Wrist Hand Pelvis Hip Leg
Knee Ankle Foot

INTEGUMENTARY: Itching Rash Bruises Wounds

ALLERGIC/IMMUNOLOGIC: Hives Itching

HEMATOLOGIC: Lymphadenopathy
Fatty Enlargement Bleeding

ENDOCRINE: Weight: Gain Loss _____ lb

PSYCHIATRIC: Anxiety Depression Hallucinations
Suicidal

ALL OTHERS REVIEWED & NEG
(except as described in the HPI)

UNABLE TO OBTAIN COMPLETE
HPI, PMH, FH, Sx, or ROS DUE TO:

Altered mental status Dementia Medical urgency
Intubated

MEDICAL DECISION MAKING

1. Additional information obtained from:
 Old records Family Caretaker PCP _____ (Findings):

2. Differential Diagnosis: Considerations may include:

Anemia	Hypoglycemia	TIA
CVA	Labyrinthitis	VBI
Dehydration	Meniere's disease	Vertigo
Dysrhythmia	Myasthenia gravis	Central
Electrolyte disorder	Myocardial infarction	Peripheral
Guillain-Barre	Pulmonary embolus	Vestibular neuronitis

3. Notes/Course:

Reevaluation: 1st _____ : Resolved Worsened Improved Unchanged
 2nd _____ : Resolved Worsened Improved Unchanged
 3rd _____ : Resolved Worsened Improved Unchanged

Consultation: PCP Cardiology Neurology Other _____

Called: _____ am. pm. Call returned: _____ am. pm.

Findings: See consult or Summary: _____

Patient Family Education Counseling regarding:

Diagnosis Treatment Prognosis Need for follow-up _____

PROCEDURES (Unless otherwise indicated, all procedures were done or directly supervised by ED attending)

Risks, benefits, and alternatives (for applicable procedures below) described. Informed consent obtained YES NO

- ☐ Cardioversion performed under my order and direction.
 Resultant rhythm: NSR SVT ST SB A fib A flutter _____
- ☐ IV Thrombolysis initiated under my order and direction
- ☐ See procedure note on attached page for additional procedures

IMPRESSION

☐ Critical Care time _____ minutes (Time spent performing separately billable procedures is excluded)

DISCHARGE INSTRUCTIONS

1. Discharge instruction sheet

Disposition: Home Admit Transfer to: _____ Condition Good Fair Poor Stable

Return to the ED if:

Follow-up with Dr. _____ PRN/in _____ days if not improved/resolved or earlier if worsening

E EMERGENCY DEPARTMENT SVE

REVIEW of RESULTS

Report of:	CBC	Chem	ABG	UA	Reviewed and normal except:
WBC	_____	NA	_____	_____	PF02
HGB	_____	K	_____	_____	pH
HCT	_____	CL	_____	_____	pCO2
PLT	_____	CO2	_____	_____	pO2
Seps	_____	Glu	_____	_____	HCO3
Hemls	_____	BUN	_____	_____	02 Sat
Lymph	_____	Cr	_____	_____	
Micro	_____	Ca	_____	_____	
URINALYSIS					MICRO
SpG	_____	Ketones	_____	_____	WBC
pH	_____	Blood	_____	_____	RBC
Pro	_____	Nitrite	_____	_____	EP1
Glu	_____	Leuk	_____	_____	Bact

OTHER

Pulse oximetry interpretation:

Normal Mild Moderate Severe desaturation

CTK CKMB Troponin I

NR Interpreted by: Radiologist Self Both

EKG Interpreted by: Cardiologist Self Both

Rhythm strip interpretation: Rate 76 Ectopy: N N
 NSR SB ST PAC'S AF PSVT MAT PVC's VT VF

ADDITIONAL NOTES

Physician's Orders

AS FOR OUR FORMULARY SYSTEM ANOTHER BRAND OF DRUG
IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS
THE BRAND NAME IS CIRCLED.

DATE/TIME

PRESS FIRMLY AND WRITE CLEARLY

LAB

LAB CONT

RESPIRATORY

11/18/09

2328

[Redacted area]

FURTHER ORDERS

Date / Time

Time

Signature

[Redacted area]

[Redacted area]

Physician's Signature

[Redacted area]



Roseland
Community Hospital

45 West 111th Street Chicago, Illinois 60628 (773) 935-3000

**EMERGENCY DEPARTMENT
PHYSICIAN'S ORDER FORM**

Form No. 2001094 (Rev. 10/07)

White: Medical Records

Canary: Emergency Department

Addressograph

[Redacted area]

E EMERGENCY DEPARTMENT SVC

Physician's Orders

AS FOR OUR FORMULARY SYSTEM ANOTHER BRAND OF DRUG
IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS
THE BRAND NAME IS CIRCLED.

DATE/TIME

PRESS FIRMLY AND WRITE CLEARLY

LAB

LAB CONT

RESPIRATORY

11/18/79

2-326

[Redacted area]

FURTHER ORDERS

Date / Time

[Redacted area]

Physician's Signature

[Redacted area]



Roseland
Community Hospital

45 West 111th Street Chicago, Illinois 60628 (773) 995-3000

**EMERGENCY DEPARTMENT
PHYSICIAN'S ORDER FORM**

Addressograph

[Redacted area]

E EMERGENCY DEPARTMENT SVS

Form No. 2001084 (Rev. 10/07)

White: Medical Records

Canary: Emergency Department

Day Division
Mon-Fri: 8am-11am, 3pm-8pm (EST)
Sat-Sun: 8am-8pm (EST)
Phone: 866 329-4295 Fax: 877 899-4295


NightHawk
Radiology Services

Night Division
Mon-Fri: 8pm-8am (EST)
Sat-Sun: 8pm-8am (EST)
Phone: 866 241-6635 Fax: 866 247-1373

PRELIMINARY RADIOLOGY REPORT

PATIENT NAME:

PATIENT ID:

PATIENT DOB:

INSTITUTION NAME:

ROSELAND COMMUNITY HOSPITAL - CHICAGO, IL 60628

DATE:

19th November, 2009 CST

STUDY TYPE:

CT BRAIN / CT FACIALS

This interpretation is based upon the receipt of 269 images.

Page 1 of 1

Patient Location: ER

CLINICAL HISTORY / INDICATION FOR EXAM:

TRAUMA TO HEAD

FINDINGS

CT Brain: No acute intracranial hemorrhage, mass effect or midline shift. Slight ventricular prominence.

The calvarium appears intact.

CT facial: There is fracture deformity right medial orbital wall with extraconal fat extending into the adjacent ethmoid air cells. This could potentially represent chronic deformity. Clinical correlation recommended. There is no definite localized right periorbital soft tissue swelling. There is slight irregularity involving the ventral aspect of the nasal bones which could represent minimally depressed anterior nasal bone fractures. No other fracture identified. Chronic, appearing areas of bilateral maxillary and ethmoid sinus thickening. The configuration of both globes appears intact.

This preliminary report was electronically signed by [REDACTED] on Nov 19th 2009 01:01:37 CST

Time Study Received: 19th Nov 2009 00:52:18

Time Report Available: 19th Nov 2009 01:02:33

Page 1 of 1

CONFIDENTIAL: The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after no stated use has been fulfilled. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 03:57

PATIENT STAT REPORT

URINALYSIS

Collected: 11/18/09
02:20

Normals Units

COLOR URINE
APPEARANCE
GLUCOSE
BILIRUBIN
KETONE
SG
BLOOD
URINE PH
PROTEIN
UROBILINOGEN
NITRITE
LEUK. ESTERASE

mg/dl

mg/dl

mg/dl

E.U./dL

NOT [REDACTED]

=====

[REDACTED] PATHOLOGIST [REDACTED]

ER

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:02

PATIENT STAT REPORT

CHEMISTRY

GENERAL CHEMISTRY TESTS

Collected: 11/18/09
00:20

Normals Units

GLUCOSE
BUN
CREATININE
BUN/CREA RATIO
SODIUM
POTASSIUM
CHLORIDE
CO2 CONTENT
ANION GAP
CALCIUM
TOTAL PROTEIN
ALBUMIN
SGOT
ALK. PHOSPHATASE
TOTAL BILIRUBIN
SGPT

[REDACTED] mg/dl
[REDACTED] mg/dl
[REDACTED] mg/dl
[REDACTED] mmol/L
[REDACTED] mmol/L
[REDACTED] mmol/L
[REDACTED] mmol/L
[REDACTED] mmol/L
[REDACTED] mg/dl
[REDACTED] gm/dl
[REDACTED] gm/dl
[REDACTED] U/L
[REDACTED] U/L
[REDACTED] mg/dl
[REDACTED] U/L

[REDACTED] PATHOLOGIST
[REDACTED]

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: [REDACTED]
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:02

PATIENT STAT REPORT

Miscellaneous tests

Collected: 11/18/09 00:20

ALC

Units
mg/dl

Normals
(0-80.0)

PATHOLOGIST

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 00:43

PATIENT STAT REPORT

HEMATOLOGY

CBC

Collected: 11/18/09
00:20

Normals

Units

WBC	[REDACTED]	K/cmm
RBC	[REDACTED]	M/cmm
HGB	[REDACTED]	gm/dl
HCT	[REDACTED]	%
MCV	[REDACTED]	fL
MCH	[REDACTED]	pg
MCHC	[REDACTED]	%
RDW	[REDACTED]	%
PLT	[REDACTED]	Thousand
MPV	[REDACTED]	fL
NEUT	[REDACTED]	%
LYMPHS	[REDACTED]	%
MONO	[REDACTED]	%
EOS	[REDACTED]	%
BASOS	[REDACTED]	%
NEUT ABS#	[REDACTED]	/uL
LYMPH ABS#	[REDACTED]	/uL
MONO ABS#	[REDACTED]	/uL
EOSIN ABS#	[REDACTED]	/uL
BASO ABS#	[REDACTED]	/uL

PATHOLOGIST

M.D.

ER

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:09

PATIENT STAT REPORT

COAGULATION

ALL COAGULATION

Collected: 11/18/09
00:20

PROTIME
INR
PROTIME CONTROL
aPTT
aPTT CONTROL

Normals Units

sec.
sec.
sec.
sec.

[REDACTED] PATHOLOGIST

[REDACTED] M.D.

ER

PAGE: 001

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: [REDACTED] DEFAULT ADMIT PHYSICIAN
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:19

PATIENT STAT REPORT

miscellaneous tests

Collected: 11/18/09 00:20

Units

Normals

(0-100.0)

BNP

≤5.0 pg/ml

ER REFERENCE GUIDE (pg/mL)

Normal:

Evaluate

Evaluate [REDACTED]
Suspected Heart Failure:

ER

PATHOLOGIST

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT/ ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:19

PATIENT STAT REPORT

Miscellaneous tests Collected: 11/18/09 00:20

	Units	Normals
CK-MB	[REDACTED] NG/ML	[REDACTED]

ER REFERENCE GUIDE (ng/mL)

Normal: [REDACTED]
Indeterminate: [REDACTED]
Elevated: equal to or [REDACTED]

[REDACTED]
PATHOLOGIST
[REDACTED]

ER

PAGE: 001

PATIENT NUMBER: [REDACTED]
 PHYSICIAN NAME: [REDACTED] DEFAULT/ADMIT PHYSICI
 ADMIT DATE/TIME: 11/18/09 23:39
 REPORT DATE/TIME: 11/19/09 01:19

Miscellaneous tests

Collected: 11/18/09 00:20

Units
ML

Normals

PATHOLOGIST

ROSELAND COMMUNITY HOSPITAL
45 WEST 111 TH STREET
CHICAGO, IL. 60628

PAGE: 001

NAME: [REDACTED]
LOCATION: ER
MED REC #: [REDACTED]
DOB: [REDACTED]
SEX: M

PATIENT NUMBER: [REDACTED]
PHYSICIAN NAME: DEFAULT/ADMIT PHYSICI
ADMIT DATE/TIME: 11/18/09 23:39
REPORT DATE/TIME: 11/19/09 01:20

PATIENT STAT REPORT

Miscellaneous tests Collected: 11/18/09 00:20

	Units	Normals
[REDACTED]	NG/ML	[REDACTED]

ER REFERENCE GUIDE (ng/mL)

Normal: [REDACTED]
Indicative of cardiac injury: [REDACTED]
Consistent with MI: [REDACTED]

[REDACTED] PATHOLOGIST
[REDACTED]

ER



Roseland

Community Hospital

40 West 111th Street Chicago, Illinois 60628 (773) 566-3000

E EMERGENCY DEPARTMENT SVE

EMERGENCY DEPARTMENT INSTRUCTIONS

Date

11/19/04

Patient's Name

Time

Registered

22:36

Time

Released

01:20

The exam and treatment you received in the Emergency Department were for an urgent problem and are not intended as complete care. It is important that you follow up with a doctor, nurse practitioner, or physician's assistant for ongoing care. If your symptoms become worse or you do not improve as expected and you are unable to reach your usual health care provider, you should return to the Emergency Department. We are available 24 hours a day.

You were treated in the Emergency Department by

Your diagnosis is

change in your diagnosis or treatment is needed, we will contact you. It is critical that we have a current phone number for you.

- ☐ Pick up your x-rays in Radiology before your follow-up appointment.
- ☐ Culture results take 48 hours. Your results will be given to the follow-up doctor. The Emergency Department will contact you if the results require a change in your treatment.
- ☐ Additional information or instructions:

MEDICATIONS GIVEN IN THE EMERGENCY DEPARTMENT

OVER-THE-COUNTER MEDICATIONS

(Per Package Directions)

PRESCRIPTIONS

If side effects develop, such as a rash, difficulty breathing, or a severe upset stomach, stop the medication and call your doctor or the Emergency Department.

What to do:

- Follow the instructions on the additional sheets you were given:
- Please call as soon as possible to make an appointment to be seen in [] days for follow-up care. Health care provider for follow-up care []
- Take this sheet with you when you go to your follow-up visit []
- If you have any problem arranging the follow-up visit, contact the Emergency Department immediately.
- Take all medications as directed.
- Studies done in the Emergency Department:
LAB [] EKG []
Pulse Oximetry []
X-RAY [] CULTURE []

The emergency physician provided an on-the-spot interpretation of your x-rays and/or EKG. A final interpretation of these tests will be done by a specialist. If

I understand that the emergency care which I received is by no means intended to be a complete diagnosis or complete medical care. I have been instructed to contact a physician for continued medical diagnosis and care, and I will do so. I have received a copy of these instructions.

Relationship to patient:

Self

Parent

Other

Signature of patient or responsible person

2004085 5/05

CPD 0060894



Roseland

Community Hospital

ARRESTEE MEDICAL CLEARANCE REPORT

Please Print the Following:

Arrestee's Name: [REDACTED]

Date of Exam: 11/18/2009

Time of Exam: 23:22

Name of Hospital: Roseland Community

Name of Examining Physician:

Physician Check Appropriate Box:

☒

I have examined the arrestee and find him / her not in need of hospitalization.
Any medical orders for the taking of medications are included in my remarks below.

☐

I have examined the arrestee and find him / her in need of hospitalization.

☐

The arrestee has refused treatment AGAINST MEDICAL ADVICE.

Physician's Remarks:

[REDACTED]

Physician Signature

[REDACTED]

Chicago Fire Department

Incident #

PAGE 1

10 West 35th Street Chicago, IL 60616

Patient:

INCIDENT

Incident #
Incident Type: INJURED VICTIM
Address
City, St, Zip
Status: EMERGENCY
Agency/Unit: CFD / A90
Shift/Veh: FN&R 1 /
Skillset: BLS
Crew

PATIENT

Patient Name:
Sex: M DOB: Age: 43 YR
Weight: Race: African American
Address:
Pt Ph:
SSN:

DATES/TIMES

Dispatched: 22:14:14 11/18/2009
Enroute: 22:21:06
At Scene: 22:27:00
At Patient: 22:30
Departed Scene: 22:47:08
At Destination
In Service
At Quarters

Hx PRESENT

Subject Description / Details

CAUSE
COMPLAINT
SYMPTOMS

Hx PAST

Subject Description / Details

ALLERGIES
MEDS
PREEXIST

FINDINGS

Subject Description / Details

IMPRESSION: BEHAVIORAL;
INITIAL

PHYSICAL

CARE EVENTS

Time	Subject	Description/Details	BP	P	R	SpO2	Pos
22:19	TREATMENT						
22:44	VITALS						
23:02	TREATMENT						

RESULT

Disposition
Destination
Dest.Reason
Status
MedCU Name
To Ambulance
In Ambulance:
From Ambulance

AUTHORIZATION

MEDIC1 PT ASSIGNMENT MEDIC2

[English](#)[Customer Service](#)[USPS Mobile](#)[Register / Sign In](#)[Search USPS.com or Track Packages](#)[Quick Tools](#)[Ship a Package](#)[Send Mail](#)[Manage Your Mail](#)[Shop](#)[Business Solutions](#)

Track & Confirm

[GET EMAIL UPDATES](#)[PRINT DETAILS](#)

YOUR LABEL NUMBER



SERVICE

STATUS OF YOUR ITEM

DATE & TIME

LOCATION

FEATURES

Notice Left (Business Closed)

June 4, 2013, 12 12 pm

CHICAGO, IL 60603

Certified Mail™

Processed through USPS Sort Facility

June 3, 2013, 11 18 pm

CHICAGO, IL 60607

Processed through USPS Sort Facility

June 2, 2013, 12 21 pm

PALATINE, IL 60095

Depart USPS Sort Facility

June 2, 2013

PALATINE, IL 60095

Processed through USPS Sort Facility

June 1, 2013, 3 23 pm

PALATINE, IL 60095

Arrival at Unit

May 22, 2013, 8 17 am

CHICAGO, IL 60604

Processed through USPS Sort Facility

May 21, 2013, 2 32 am

CHICAGO, IL 60607

Processed through USPS Sort Facility

May 21, 2013, 12 23 am

BEDFORD PARK, IL 60499

Processed through USPS Sort Facility

May 20, 2013, 11 04 pm

BEDFORD PARK, IL 60499

Check on Another Item

What's your label (or receipt) number?

[Find](#)

LEGAL

[Privacy Policy](#) ›
[Terms of Use](#) ›
[FOIA](#) ›
[No FEAR Act EEO Data](#) ›

ON USPS.COM

[Government Services](#) ›
[Buy Stamps & Shop](#) ›
[Print a Label with Postage](#) ›
[Customer Service](#) ›
[Delivering Solutions to the Last Mile](#) ›
[Site Index](#) ›

ON ABOUT.USPS.COM

[About USPS Home](#) ›
[Newsroom](#) ›
[Mail Service Updates](#) ›
[Forms & Publications](#) ›
[Careers](#) ›

OTHER USPS SITES

[Business Customer Gateway](#) ›
[Postal Inspectors](#) ›
[Inspector General](#) ›
[Postal Explorer](#) ›

Copyright© 2013 USPS

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Don't)	(Provide)
For d	usps.com®
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$
Postmark Here	
SE	
STATION CHIC	
USPS 60	
Sent to	
Street or PO	
City,	

LOG # 1050684

Attachment # 19

LOG NO. 1050684
ATTACHMENT NO. 30